TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. COUNTY 5. COUNTY 6. COUNTY 7. COUNTY 8. STATE 8. COUNTY	admission)
a. State	
	est town)
write RURAL and give nearest town)	
Frederick l year Brunswick	
ON	ESIDENCE FARM?
Frederick Nursing Home 105 Florida Ave. YES	NO X
3. NAME OF First Middle Last 4. OATE Month Day OF	'ear
(Type or print) Earl Mathias Ahalt DEATH 6 28 1	966
5. SEX   6. COLOR OR RACE   7. MARRIED   7. NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 1	
male white widowed Divorced 3/1/1890 To vrs. Months Days Hour	s Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WH during most of working life, even if retired)   INDUSTRY	AT
engineer railroad Frederick Co., Md.   U.S.	
13. FATHER'S NAME	
C. William Ahalt Pearl Boyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) ((If yes give war or dates of service)	lo ATT
	la Av
no 710-09-5530 Mrs. Olive Ahalt, Brunswick, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL ONSET AN	D DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) Nouchie Michael 104	
332X DUE TO 1	
Conditions 15 any which 1	11145
gave rise to Immediate	
cause (a), stating the underlying cause last.  (c) Welvanced Releases Elicosys	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	AUTOPSY ORMED?
YES   Paulatie hypertressel	NO [
20a ACCIDENT WAS LINDERLYING 17 1 20b. BESCRIBE HOW INJURY OCCURRED. (Eyer nature of injury in Part I or Part II of Item 18.)	Libert
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	(State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town)   (County)   20f. (City or town)   20f. (	(State)
Hour a.m. While Not While at work at work	
21. I certify that (I) (this hospital) attended the deceased from 1962, to 672, 19 (oc., that (I)	(we) last
saw the deceased alive on 1957 1959 and that death occurred at 1 A.M., from the causes and on the date state	ed above.
22a. SIGNATURE   22b. DATE SIGNED	
M.D. ATTENDING   MED. STAFF   6 - 2 9 - 6	6
One Dividination	100
MAME (Tuna)	
The state of the s	(C+2+0)
REMOVAL (Specify)	(State)
24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE  1966  Charles Lie	del
Gladhill Company, Middletown, Md. DATE JUL 1 1966 fares you	1

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VR A15 (4) 20M 1/65

(#.S.a.) The first way are a start to the second of t And the second s . Mr. . Colonial Company and Colonial Company and . The first the transfer of the state of the the first and fulliliance that more affects are a first to MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02300	CERTIFICATE	OF DEATH		8396
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	o STATE	Where deceosed lived, if institution: b. COUNTY	Residence before odmission) Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick	c. LENGTH OF STAY IN 1b several yrs.	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL derick	
d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	E. 3rd. St.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First	Middle	Lost	4. DATE Month	
DECEASED (Type or print) Net	tie S. Ba	aker	OF DEATH Jun	
	MARRIED NEVER MARRIED X	B. DATE OF BIRTH Sept. 11-18		FUNDER 1 YEAR JF UNDER 24 HRS. Lonths Doys Hours Min.
Do. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY HOme	Montgomer	& Stote, or foreign country)  y Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NAME  Albert W. Baker		14. MOTHER'S MAIDEN I	en Burdette	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of serv	(ica)	NFORMANT	Address 11en- 23 E. Thi	Frederick, Md.
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (c)	IBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CIFE EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item 1B.)	YES NO 2
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)
21. I certify that (I) (this haspital saw the deceased alive an	l) attended the deceased fram_/	O-20-,1 death accurred at	95 X , ta 6 7 5 7 3 P M, fram causes and	_, 19 <u>66</u> , that (I) (we) last d an the date stated above
220. SIGNATURE	martin M.		MED. DIRECTOR PHYS.	June 16-1966
NAME (Type) Rex R. Mar			t St Frederic	
23o. BURIAL, CREMATION, REMOVAL (Specify) Burial June 17-	1966 Kemptown Cen	netery	23d. LOCATION (City or Town)  Kemptown, Md	
M.R. Etchison & Son	Frederick, Md.			tran's signature

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0840	) 🖁		CERT	IFICATE	OF DEATH			()	83	97	
1.	o. COUNTY	Frederick		MA	IRYLAND	2. USUAL RESIDENCE (V a. STATE Mary.		ed lived, if institut b. COU	YTY	der		an)
	b. CITY OR TOWN (I write RURAL and	f outside corporote limit give neorest town) ural— Frede	s, erick	c. LENGTH OF STAY		c. CITY OR TOWN (If ou	tside corporol	te limits, write RUF	RAL ond giv	e neores	t town)	
	d. NAME OF HOSPITA	AL OR INSTITUTION (If n				d. STREET ADDRESS		del 10k			e. IS RESII ON A F	ARM?
3.	NAME OF DECEASED		irst ara	Middle		Route	4. DATE OF	Mont		Day		11
5	(Type ar print)	6. COLOR OR RACE	7. MARRIED	May		Beans  B. DATE OF BIRTH	DEATH	. AGE (In years	ne I IF UNDER	22.	19 I IF UNDER	66 00 00 00 00 00 00 00 00 00 00 00 00 00
J.	Female	White	WIDOWED	NEVER MARR		June 20–1891		last birthday) 72 yrs.	Manths	Days	Hours	Min.
	o. USUAL OCCUPATION ring most of working Homemak	(Give kind af wark done life, even if retired)	IN	ND OF BUSINESS OR DUSTRY  THOME		11. BIRTHPLACE (County Frederick		0 17	12. CI	TIZEN OF DUNTRY?	WHAT	
13	B. FATHER'S NAME		1 44	o momo		14. MOTHER'S MAIDEN N					3 6 13 6 20	
	Will	iam T. Fogi	Le			Sarah 3	Jane E	arlv				
	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16.	social security no. 8 <b>–</b> 24 <b>–17</b> 83	100	NFORMANT rlin Beans &		Addre		rede	erick	c–Md.
200 S 100 N	PART I. DEAT  420  Canditions, if ony,	which gave	(0)	(o), (b), and (c).)	y	occlus	dece	ren'o			ERVAL BET	
	rise to immediate stating the under lost.		. /	7. WOV [24		VOC60 C:\ _A				1		
ATION	PART II. OTHER SIG	SNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVE	N IN PART 1(a)			WAS AUTO PERFORM ES	OPSY ED? NO 🗽
L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b. DE	SCRIBE HOW INJURY	OCCURRED. (	Enter nature af injury in f	Part I ar Port	II af item 18.)	134			
MEDICAL	20c. TIME OF INJU Haur a.m p.m	10	20d. IN While of work			E OF INJURY (Hame, form ary, street, office bldg., etc.)		(City ar tawn)	(Car	unty)	(	(State)
	sapy the de	<b>fy</b> that (1) (this hose eceased alive an				death accurred at	965, to		2, 19 <u>(</u> and an t	e 6 th	at (1) ( e stoted	we) las l abave
	22c. PHYSIGIAN'S	wes J	Com	06,	М.С	PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	Jun		2-196	6
	NAME (Type)	Dr. James	B. Thor	mas		Prof. Blo	ig F	rederick	, Md.	217	01	
	o. BURIAL (REMATIO REMOVAL (Specify) Burial	June 2	EREOF 5-1966	23c. NAME OF CER				CATION (City or Tov of Frede:	,	(Caunty)		tote)
2	4. FUNERAL DIRECTOR M.R.Etch	ison & Son			Witm	esce 250. REC'D	BY REGISTRA	7 1966 RE	GISTRAP'S S	IGNATUR	Jus	ye

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please 4 move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death VR A15 (4) 20 M 1/66

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			Annual Section Control of the Contro

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VR A15 (4) 20M 5-63

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 08398

08403 CERTIFICATE	OF DEATH 08398
1. PLACE OF DEATH  o. COUNTY  Frederick  MARYLAND	USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)     STATE     Maryland
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  Thurmont	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)  Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Camp Airey	d. STREET ADDRESS  3608 N. Rogers Ave  on A FARM?  YES NOT
3. NAME OF DECEASED (Type or print) LOUIS BRIDGE	Last 4. DATE Month Day Year OF DEATH JUNE 5,1966 19
MALE WHITE WIDOWEDY DIVORCED	8. DATE OF BIRTH  9. AGE (In years lest birthdey)  Sune 15, 1882  9. AGE (In years lest birthdey)  Months Deys Hours Min.
Salesman Insurance	RY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?  RUSSIA USA
13. FATHER'S NAME  UNROWN  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	14. MOTHER'S MAIDEN NAME  Unknown
(Yes, no, or unkown) (If yes give wer or detes of service)	David Bridge 6823 Pinlico Drive # 9
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  #MMEDIATE CAUSE (e)  WWW.	ny Edema INTERVAL BETWEEN ONSET AND DEATH
Conditions, if eny, which gover itse to immediate cause (e), stating the underlying cause lest.  DUE TO  (b)  DUE TO  (c)	ial in FareTION
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	PERFORMED? YES NO
	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL/ Hour e.m. While Not While et work et work	ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Slete)
	death occurred at 2.2.44 from the causes and on the date stated above.
22e. SIGNATURE  22c. PHYSICIAN'S	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. D
NAME (TYPE) NIN HOMBRO, M.	1 2409 W- ROGERS Ave, ad.
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY BURIAL June 5/1966 Anshe Emuna	h MAXMXMXXXXX Balto,, Md.
SOL LEVINSON & BROS INC. 6010 Reist Rd.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966 July July

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08409	CERTIFICAT	E OF DEATH		08399
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (V	Where deceased lived, if institution b. COUNT	
	Frederick	MARYLAND	Mary	Land	Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside carparote limits, write RURA	AL and give nearest tawn)
	Rural- Frederick	5 years		lerick	10-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hasp		d. STREET ADDRESS	2173	e. IS RESIDENCE DN A FARM?
	Montevue- County Hom		н	Dill Avenue	YES NO 🛣
3.	NAME OF First DECEASED (Type or print) Charl	Middle es William Brow	Last <b>n</b>	4. DATE Month OF DEATH Jun	e 9- 19 66
S.	SEX 6. COLOR OR RACE 7. MAR Male White WIDO		B. DATE OF BIRTH Aug. 21-1878	9. AGE (In years loss birthday)	Manths Days Hours Min.
10	b. USUAL OCCUPATION (Give kind of work done	Ob. KIND OF BUSINESS OR		& State, or fareign country)	12. CITIZEN OF WHAT
dυ	ring mast af warking life, even if retired)  Retired – Dairyman R	etail	Frederick		COUNTRY? U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN N		
	John H. Brown		Eller	Carroll	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give war or dates af service)		INFORMANT	Address	Ma.
L.	No -	219-541090 Be	rnard E. Bur	kett- 216 Dill	AveFrederick-
	1B. CAUSE OF DEATH (Enter only one cause per lin PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	erebral He	marchag	C	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave ) OUE TO	Erebral anti	510-80	Proses	SUMS
	rise ta immediate couse (a), stating the underlying cause last.  DUE TD  (c)				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Port I or Part II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 19		ACE OF INJURY (Home, form ctory, street, office bldg., etc.)		(County) (Stote)
	21   certify that (1) (this hasnital) a	ittended the deceased from .	at death accurred at	5:30 from causes a	L, 1926, that (I) (we) last and an the date stated above
	220. SIGNATURE SCHUARA O. T.	Present V	ATTENDING ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED  June 10-1966
	22c. PHYSICIAN'S NAME (Type) Dr. Bernard (	O. Thomas- Jr.	22d. ADDRESS Profession	onal BldgFree	derick, Md.21701
23	BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) Burial June 11-19	23c. NAME OF CEMETERY OR  Mt. Olivet		23d. LOCATION (City or Tow Frederick, M	
2	M.R. Etchison & Son	70		BY REGISTRAR 2Sb. REG	SISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tentane carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and incomy event, within 72 haurs after defilt VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08410 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o COUNTY b. COUNTY Maryland Frederick Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 6 weeks Doubs Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital YES NO X 3. NAME OF Middle Lost 4. DATE Month Dov DECEASED
(Type or print) 19 66 June 21-M. Brown Lawrence DEATH S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthdoy) Hours Aug. 20-1890 Male White DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired trackman Rail Road COUNTRY? Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Schroeder McClellan Brown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Not available Mrs. Hulda M. Brown-Doubs. Md. 21726 INTERVAL BETWEEN for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter Afture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) Hour o.m. Not While foctory, street, office bldg., etc.) of work 1966 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. une . to saw the deceased alive an 20 June 1966, and that death accurred at 2 a.m.M., framiliauses and an the date stated abave. 229 SIGNATURE 22b. DATE SIGNED ATTENDING June 22-1966 DIRECTOR M.D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Professional Bldg.-Frederick, Md.21701 Dr. Charles H. Conley-Jr.

TO FUNERAL DIRECTOR: After this certificate has been director, should 23o. BURIAL, CREMATION 24. FUNERAL DIRECTOR

23b DATE THEREOF

June 23-1966

Frederick,

VR A15 (4) 20 M 1/66

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prior to

requires that the death certificate be executed within 24 hours after death

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

23d. LOCATION (City or Town) (County)

Frederick, Md. 21701

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

NO

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08411 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 6 months Rural-Kemptown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Frederick Nursing Home RFD # 3. Mt. Airy YES X NO 3. NAME OF 4 DATE First Titus Brown Day Year E DECEASED 1966 June (Type or print) DEATH IF UNDER 1 YEAR S SEX 8. DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS 6. COLOR OR RACE NEVER MARRIED last birthdoy) Male White WIDOWED July 20, 1879 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Carpenter Building Purdum, Md.

14. MOTHER'S MAIDEN NAME IISA 13. FATHER'S NAME Thomas E. Brown Sarah E. Poole 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no ar unknown) (If yes give wor ar dotes af service 218-07-0528 Roscoe Buxton. Damascus, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate cause (a) DUF TO stating the underlying couse 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 19 1062 10 Mac 1/ 19 Wathat (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 1966, and that death accurred at 765PM, from causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) > 23a. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) PEMOVAL (Specify)

Olivet

Damascus. Md.

Frederick

REC'D BY REGISTRAR

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death completely filled in by the funeral syste carban papers. Pages 1 and 2 sevent within 72 hours after death ar remaval, crematian, signed by the burial-transit attending physician TO FUNERAL DIRECTOR: After this certificate has been detached for use as the e Dept. af Health priar ta TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar shauld 3 directar, shauld b VR A15 (40

20 M 1/66

24. FUNERAL DIRECTOR

June 14.1966

Olin L. Molesworth.

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### DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hould 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY hours b. COUNTY 1 Pe MARYLAND and b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) <u>ک</u> write RURAL end give neegest town) 2 Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street/eddress) d. STREET ADDRESS e. IS RESIDENCE JIS ON A FARM? YES NO TO completely NAME OF First Middla Last 4. DATE Dev Yeer DECEASED OF (Typa or print) DEATH 10 1966 5 carbon N.Y. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Months WIDOWED DIVORCED physician ever remove 10a. USUAL OCCUPATION (Give kind of work or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during mgst of working life, even if retired) Planterer any please 13. FATHER'S NAME MOTHER'S MAIDEN NAME 2 attending and Henry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. | 17. INFORMANT Address that permit. 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN (b), and (c),] þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY ō signed l IMMEDIATE CAUSE (e) leoner cremation, burial-transit DUE TO affending Conditions, if any, which peen gave rise to immediate ceuse DUE TO (a), steting the underlying cause last. the buri (c) PHYSICIAN 9 certificate CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY hospital 98 0 PERFORMED? NO TO use prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) for OR CONTRIBUTING [ ] CAUSE OF DEATH After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While be retained Hour a.m. et work at work p.m DIRECTOR: State Dept. Pe to Jerre 10 , 1966, that (1) (wo) last 21. I certify that (I) (this hospital) attended the deceased from....... 19.66 3 should saw the deceased alive on., may 22e. SIGNATURE 22b. DATE SIGNED with the DIRECTOR PHYS. death. Page 4 PHYS. M.D. HOSPITAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed , 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Oż 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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And Alexander and All Mills

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The place remove carbon papers. Pages A and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after deads. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	
08413	CERTIFICATE OF DEATH	5403
PLACE OF DEATH	11 2 HOURS DESIDENCE (Where decayed lived if incitations Pasi	dence before

The second secon	7				(
1. PLACE OF DEA	TH .		2. USUAL RESIDENCE	CE (Where deceased lived, If inst	itution: Residence before admission)
Freder	rick	MARYLANO	Marylan		derick
b. CITY OR TO	WN (if outside corporate limits, L and give nearest town)	c. LENGTH OF STAY IN 1b			te RURAL and give nearest town)
Freder		Minutes	Rural		10-1
	OSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Frederick	Memorial Hospita	J	Route #2,	Frederick	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Oay Year
(Type or print)	Olier Tes	William	Chick	DEATH June	3 19 66
5. ≯SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	. OATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White WIDOWE		une 16, 191	6 49 yrs.	Months Oays Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work done   10b.	KIND OF BUSINESS OR		ounty & State, or foreign country	12. CITIZEN OF WHAT
Mainte	namce J.C	Penny's Store	Tuscarora	, Maryland	COUNTRY?
13. FATHER'S NA			14. MOTHER'S MAIL		
W.	Milo Chick		Elsie	Carson	
15. WAS DECEASED	DEVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO.   17.	INFORMANT	Addres	s
No No	(If yes give war or dates of service)	215 26 1208 Mrs	. Alice Chi	ck( Same as ite	em #2)
	F DEATH [Enter only one cause per				I INTERVAL BETWEEN
		4	111	1 +.	ONSET AND OEATH
	DEATH WAS CAUSED BY:	all mysel	india &	yarenan	Surinutes
420	/1	0111		V	11 40 cm +
gave rise to		3, H, V,			10 500
cause (a),	stating the DUE TO				
underlying car	1 (0)				TARREST LAND AUTODOV
PART II. OTHER  20a. ACCIOEN OR CONTRIBU (IF EITHER, N	SIGNIFICANT CONDITIONS CONTRI	BUTING TO OEATH BUT NOT RELA	TED TO THE TERMINAL (	DISEASE CONDITION GIVEN IN I	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 12
E 20a. ACCIOEN	T WAS UNDERLYING     20b.	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	Inlury in Part I or Part II or	
OR CONTRIBU	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)				
		INJURY OCCURRED   20e, PLA	CE OF INJURY (Home, fa	erm, 20f. (City or town)	(County) (State)
20c. TIME OF		facto	ry, street, office bldg., e	tc.)	(Gounty) (State)
WE	m. Jane 2 1966 at we	ork at work			
21. 1 cert	ify that (I) (this-hespital)-atter	ided the deceased from	Cov. 1	964, to June 3	_, 19.66, that (i) (we) last
saw the d	eceased alive on	1 /5 19 64, and that	death occurred at4	M, from the causes	and on the date stated above.
22a. SIGNAT	URE 10 10	/			22b. DATE SIGNEO
1	WILLIAM	/ M.C	ATTENDING PHYS.	MED. STAFF OIRECTOR PHYS.	June 3, 1966
22c. PHYSTC	IAN'S		22d. ADDRESS		
NAME (	W. J. Reddick	c, M.D.	Frederick	Medical Center	Frederick, Md.
23a. BURIAL, CRE REMOVAL (S	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
REMOVAL (S Burial	June 6, 1966	Mount Olivet	Cemetery	Frederick,	Maryland
24. FUNERAL OII		AOORESS A		C'D BY REGISTRAR   25b. RE	GISTRAR'S SIGNATURE
76.0	I. R. Etchison & S	on, Frederick,	Mary and mis	V 8: 1968 RC	harles Judge
. 14	e Tre Thought or r	ANT TI CHEL TOW	THE TAX TO LEGISLATION OF THE PARTY OF THE P	U K THAM K	

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O DEPUTY MEUX. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1840)4

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
---------	------------	-------------	----------

1.	e. COUNTY					a. STATE	E (Where deceas	b. COUNT		before adm	nission)
	Fr	rederick		MARYL	AND		rland	b. Coult	Freder	ick	
	b. CITY OR TOW write RURAL	N (if outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corpor	ete limits, writ	e RURAL and gi	ve nearest	town)
	Fr	ederick				Rura	al- Ba	rthalow	s 10 -	1	
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not In ho	ospital, give street ad	dress)	d. STREET ADDRESS				e. IS RESIL	DENCE
	Fr	ederick Me	em. Hos	spital		RFD	# 1. M	t. Airy		YES N	
3.	NAME OF		rst	Middle		Last	4. OATE	Month	Day	Year	
	(Type or print)	Beı	ılah	В.	Cla	v	OF DEATH	Ju	ne 18	19 6	56
5.	SEX			NEVER MARRIED	□   8	DATE OF BIRTH	9. A	GF (In veare II	FUNDED 1 VEAD	IF UNDER	24HRS.
F	emale	White	WIDOWED			Sept. 19. 1	898	67 yrs.	Months Days	Hours	MIn.
10a	. USUAL OCCUPAT	ION (Give kind of work oing life, even if retired	done 10b. K	INO OF BUSINESS OR		11. BIRTHPLACE (ST			12. CITIZEN COUNTRY	OF WHAT	
	Housew		"			Frederi	ck Co.	. Md.	USA		
13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME				
	Ben jan	min Henry N	Velson			Mary Po	oole				
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Address			
	No	(17) yes give was or dates of	ad tiec/	None	5	Sterling A.	Clay,	Item	2		
		DEATH [Enter only one		ne for (a), (b), and (c).	.]	1 1 los	+1	0	INTE	RVAL BETW	WEEN
	PART I. DE	ATH WAS CAUSED BY:	(e)(C)	re Co	no	Colume lotta	NGE	ulli	e	El Allo Di	
	4201	DUE	то	+1	1	0	100	1	-		
	Conditions, if		(b) 1/20 C	cent LV	w	10 card	al	ory	1CI		
	gave rise to ceuse (a), st	Date:	TO A	10	0	+ 11		n 1)			
	underlying caus	a last	(c) (X	Juno	de	whe of	ears	Idlac	url		
NO	PART II. OTHER S	IGNIFICANT CONDITIO	NS CONTRIBU	TING TO DEATH BUT NO	TRELAT				ART 1(e) 19.	WAS AUT PEREORM	
CAT	Iteas	LedMy	o cark	val out	au	1 - lorghe	Acum	re It.	/ YE		10 OF
MEDICAL CERTIFICATION	208. EXTERNAL PRIMARY Or	CAUSE WAS O CONTRIBUTING D	20b. D	DESCRIBE HOW INJUR	OCCU	REO. (Enter na) ure of	Injury in Part	I or Part II of	Item 18.)	1	
CE	CAUSE OF DEAT	н.									
CAI	20c. TIME OF I	NJURY Month, Day, 1	The second secon			E OF INJURY (Home, fa y, street, office bldg., e		ty or town)	(County)	(St	tate)
MED	p.n		While et work	Not While at work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	21. I certify	that I took charge	of the rem	ains described above	ve, held	an Autopsy 7.	Inspection	, Inquir	ry , and	in my o	pinion
	death result	ed from: Natural	causes 🗙	Accident ,	Suid	ide , Homicie	de 🗍, Ur	ndetermined r	manner 🗌		
		2	CT			CHIEF MEDICAL	EXAMINER [				
1	ACTUAL SIGNATURE	15000	tron.	nas		M.D. ASSISTANT MED	DICAL EXAMINE	R	22	. DATE SI	IGNED
						DEPUTY MEDIC	AL EXAMINER	12	0 . 1	0 19	66
	EXAMINER'S NAME (Type)	B.O. Thor	nas, M.	. D.		Address (Street	, city, town, or	county)	June 1	0111	
23a	BURIAL, CREM	ATION, 23b. DATE T	HEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d. LOCA	TION (City, tov	wn or county)	(Sta	te)
	Burial	June 21	1,1966	Marvi	n Ch			ane # 4	7		
24	. FUNERAL DIRE		. 4.1. 7	AOORESS	34.3	25a. REC		0.00	GISTRAR'S SIGN		
	Olin I	. Moleswor	rtn,	Damascus,	Md.	DATEN	2 2 196	b you	arles Ju	idge.	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL			STREET, BALTIMORE 1,	MARYLAND
08415	CERTIFICAT	E OF DEATH		08405
1. PLACE OF DEATH Freerick Con a. COUNTY Frederick	valscent Home Maryland MARYLAND	2 STATE	E (Where deceased lived, If institution: b. COUNTY land Frederic	
b. CITY OR TOWN (If outside corporate lin write RURAL and give nearest town)	mits, c. LENGTHOF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURA	L and give nearest town)
Walkersville		Walkers	eville	10 1
d. NAME OF HOSPITAL OR INSTITUTION TO	not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Frederick Fred, Con	velscent Home	Frederick	Street	YES NO
3. NAME OF DIVA TO First	Middle	Last	4. DATE Month	Day Year
(Type or print) Paulin	e Cr	omwell	DEATH JUIDE	16 1966
5. SEX   6. COLOR OR RACE   7. 1	MARRIED NEVER MARRIED	8. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS
FWW	IDOWED DIVORCED	Ort.19. 1893	Rest Dirthday) Months 72 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (CO		CITIZEN OF WHAT COUNTRY?
Secretary	Lime Co.	Frederic	b. Md. U	. S.A.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
Robert E. Cr	omwell	Ida	Clark	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unkown)   (If yes give war or dates of serv	S? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
No	213-10-2116 M.	iss Mildre	d Cromwell Wal	Ersville, Me
18. CAUSE OF DEATH [Enter only one can	use per line for (a), (b), and (c).]	, ,	1 -11	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carcinoma o	1- The	breast with	ONGET AND DEATH
170X DUE TO		1		1
Conditions, if any, which ) (b)	Chelval m	elastas	3	6 mo.
gave rise to immediate ( cause (a), stating the DUE TO				
underlying cause last. (c)_				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a	) 19. WAS AUTOPSY PERFORMED?
ICA				YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF C	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part II of Item 1	8.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fai		ounty) (State)
p.m. 19	at work at work	- 5 7		//
21. I certify that (I) (this hospital saw the deceased alive on 16			304 M, from the causes and on	the date stated above
22a. SIGNAZORE			22b.	DATE SIGNED
Henry V-	Chase M.	D. PHYS.	MED. STAFF PHYS. 0 17	June 66
22c. PHYSICIAN'S NAME (Type) Henry	1. Chase	22d. ADDRESS 4E, 64	unch St Fre	derick Md
23a. BURIAL, CREMATION, 23b. DAYE THER REMOVAL (Specify)	066	RY OR CREMATORY	23d. LOCATION (City, town or c	ounty) (State)
DUITAL			Woodsbore	
G.C.Barton	Walkersville M		D BY REGISTRAR 25b. REGISTRA	
G.O. Dar. com		DATEUN	120 1968 Action	Cen Judge

VR A15 (4) 15M 4-64

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	MAKTLAND STATE DEPARTMENT OF F	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAN
118310	RESEARCH AND RECORDS, 301 W. PRESTON CERTIFICATE OF DEATH	084
		TIO!

	1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	dence before admission)			
I	a. COUNTY Frederick	a. STATE Maryland b. COUNTY Free	derick			
-	MARTLAND	c. CITY OR TOWN (If outside corporate limits, write RURAL an				
П	write RURAL and give nearest town)		a give nearest term,			
	Frederick	Frederick	0-1			
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
4	Frederick Memorial Hospital	324 Thomas Avenue	YES ND			
13	3. NAME OF First Middle	Last   4. DATE   Month	Day Year			
	DECEASED (Type or print) JOHN HENRY	DEATH XXXXX June	1. 1966			
	5. SEX   6. COLOR OR RACE   7. MARRIED   X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 Y	EAR IF UNDER 24 HRS.			
		8. DATE OF BIRTH August 17, 1895 70 9. AGE (In years   IFUNDER 1 Y   Months   Day of the second seco				
	1Da. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR during most of working life even if retired no industry Yard Master BEO RailRoad None	11. BIRTHPLACE (County & State, or foreign country) Frederick Co. Maryland  12. CITI	ZEN OF WHAT NTRY?			
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	George W. Cummings	Etta Booth				
-		INFORMANT Address	Md.			
1	(Yes, no, or unkown) (If yes give war or dates of service)	s. Nellie K. Cummings 324 Thomas	Ave. Fred.			
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	7 .0	INTERVAL BETWEEN ONSET AND DEATH			
ı	PART I. DEATH WAS CAUSED BY: [2] Chronic Congratue Failure 2 Mos					
	4200 DUE TO 0 0 11 7 1	1. 1 - n n				
	Conditions, If any, which \ (1) A.S. HEART () 15, W	PATRIAL TIB. HND HNGINA	6 YRS.			
1	gave rise to immediate		11			
1	cause (a), stating the	V - MPHYSEMA	20+185			
1	MINISTRE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY			
ч	E PARTITION ER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BOTHOT REL	ATED TO THE TERMINAL DISEASE CONDITION OF THE THE TAXABLE LAST	PERFORMED?			
	70		YES NO X			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  2DA. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)				
		ACE OF INJURY (Home, farm,   20f. (City or town) (Count	(State)			
1	2Dc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De. PL   Hour a.m.   While   Not While   at work   at work	ory, street, office bldg., etc.)	,,			
	p.m. 19 at work at work					
П	21. I certify that (I) (this hospital) attended the deceased from.	19.50 , 19 , to / may , 19 6	that (I) (we) last			
	saw the deceased alive on 3 / APRIL 19 66, and the	at death occurred at 6 A M, from the causes and on the	date stated above.			
1	22a. SIGNATURE	22b. DAT	E SIGNED			
	Charles TX Colley to M	D. ATTENDING MED. DIRECTOR PHYS. DI / JUA	E 1966			
	22c. PHYSICIAN'S	1 22d. ADDRESS				
	NAME (Type) Dr. Charles H. Conley, Jr. I	n. D. Duo II. Mazilio V	erick, Md.			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER					
	Burial (Specify) 64-1966 Mount Olive					
	24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE			
	Robert E. Dailey & Son Frederick, Mar	yland DANN 6 1966 galantes	Judge			
0	Robert E. Dalley Cook Flederick, Mar.	Janes District O 1000 P	7 0			

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Reg.	Dist.	No	1)	8	4	()	7
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	N9374	CERTIFIC	AIE OF DEATH	Reg. Dist. No. 10416
	1. PLACE OF DEATH O. COUNTY Fredewic	₩ MARYLAND	MA STATE 1	lived. If institution, Residence before admission)
ľ	b. CITY OR TOWN (If outside corpor RURAL and give nearest town)			ote limits, write RURAL and give nearest town)
	Braddock Heights	2 Years	Hyattstown	101
	d. NAME OF HOSPITAL (If not in ho OR INSTITUTION		d. STREET ADDRESS Hyatt	e. IS RESIDENCE ON A FARM?
	Vindobona	Conv. & Rest Home	* todosodoberobot	TES NOTE NOTE
	3. NAME OF DECEASED (Type or print)	First Middle	Darby 4. DATE OF DEATH	June 4 1966
	5. SEX 6. COLOR OF	RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. logs birthday) Months Days Hours Min.
	male Whi	Te WIDOWED DIVORCED	June 7, 1886	1031 pirrhaday) Months Days Hours Min.
	during most of working life, even if	of work done 10b. KIND OF BUSINESS, OR INDI	JSTRY 11. BIRTHPLACE (Stote or foreign co	unity) 12. CITIZEN OF WHAT COUNTRY
	Merchant	Merchant	mont comery	Co. 4.5
	13. FATHER'S NAME	D. salama	14. MOTHER'S MAIDEN NAME	
ı	William W.		Carrie Mi	erphy
-	15. WAS DECEASED EVER IN U. S. ARM (Yes, no. or unknown) YOS (If yes, give wor or W.W.)	dates of service)	INFORMANT	Address
			s. Ethel J. Darby, H	yattstown, Maryland
		y one couse per line for (o), (b), and (c).]	, 11	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUS IMMEDIATE C		ofer Heart Disoan	e loyears?
ı		DUE TO		
	Conditions, if ony, which gove rise to immediate	(b)		
	lying couse lost.			
		(c)	T NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0		1 -	K. 1/25 Direc	PERFORMED? YES NO D
1	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Port	
		MINER)		
			LACE OF INJURY (Home, form, 20f. (City	or town) (County) (Stote)
	Hour o.m.	19 While Not while of work of work	actory, street, office bldg., etc.)	
	21. I certify that I oftende	ed the deceased from 6/19	1 , 1964, to 6/4	, 19.66, that I last saw the deceased
	olive on 6/4		- / /	the couses and on the date stated above
	0	000	ADDRESS (Str	eet, city or town, stole) DATE SIGNED
	ACTUAL SIGNATURE	Solostran	M.D. Braddock Heigh	ts, Maryland 6/5/68
	PHYSICIAN'S Lo	R.Schoolman, M. D.	Braddock Heigh	ts, Maryland
	220. BURIAL, CREMATION, 22b. DATE			ON (City, town, or county) (State)
	Benoval Specify) June	7, 1966 Mount Olivet	Cemetery Fred	erick, Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE	House Stade	240. REC'D BY REGISTE	nime# # f5 4 A
1	M. R. Etc.	hison & Son, Frederick	, mary Landin 8 19	66 Charles Judge

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 page 3 should be gloched for use as the burial-transit permit. Then please remayoraxban papers. Pages 1 of the registrar prior to burial, cremation, or remayal, and in any event within 72 hadrs after death. After this certificate has been signed by the attending physician and completely filled the haspital ar attending physician. TO HOSPITAL OR may be retained TO FUNERAL DIP VS A15 (4) 15M 9/55

the funeral director, should be filed with

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			s reducementals	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OS415

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	C	FR	TIFE	CA.	TF C	)F	DEATH	

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	tesidence before admission)
Frederick	a. STATE Maryland b. COUNTY Fre	ederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
	Emmitsburg.	10-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
406 West Main Street  3. NAME OF // First Middle	1 406 West Main Street	YES NO YEAR
(Type or print) Gertrude Mae	DAVIS DEATH JUNE	20, 1966
5. SEX   6. COLOR OR RAGE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER   last birthday)   Months	Days Hours   Min.
Female White WIDOWED TO DIVORCED	Nov. 12, 1882 83 yrs.	Days Hours Will.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. C	ITIZEN OF WHAT DUNTRY?
Housewife	Lewistown, Maryland	J.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harvey J. Finneyfrock	Georgianna Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	INFORMANT Address	
(Yes, no. or unkown) (If yes give war or dates of service) 219-12-0612 N	rs. Francis Kelly, Emmitsburg.	Mamrl and
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	TOU TEMPORE NOTES	
251 Should be built [ cated only one dauge permit for (a), (b), and (c),	THE RESERVE OF THE PARTY OF THE	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caralytic elle	us	
5 Y U Y		2 mos.
conditions, if any, which and the conditions of	is + Cholelithienis	mor.
Conditions, if any, which gave rise to immediate cause (a), stating the  DUE TO  DUE TO  Objectively the conditions of t		mos.
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  Closlice yill  (c)	is + Cholelithianis	mos.
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  Closlice yill  (c)	is + Cholelithianis	2 MCS.  19. WAS AUTOPSY PERFORMED?
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  Closlice yill  (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	2 MCS.  19. WAS AUTOPSY PERFORMED? YES NO [A
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Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINER)  21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATORE  22c. PHYSICIAN'S NAME (Type) George L. Moringstar	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  FURRED. (Enter nature of Injury In Part I or Part II of Item 18  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)  ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	19. WAS AUTOPSY PERFORMED? YES NO D.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	103113
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Frederick MARYLA	Maryland Frederick
b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town)	N 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)
Frederick 1 month	Middletown 10 - 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	d. STREET ADDRESS   e. IS RESIDENCE ON A FARM?
Montevue County Home	W. Main St. YES□ NO 🔀
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Homer 0.	Fink DEATH 6 23 19 66
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED [	8. OATE OF BIRTH 9. AGE (In years   IF UNOER 1 YEAR   IF UNOER 24 HRS.
male white www. DIVORCEO	— I worth Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
type setter newspaper	Frederick Co., Md. U.S.
13. FATHER'S NAME	14. MOTHER'S MAJOEN NAME
Millard Fink	Alice Remsberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT JAddress Ravenworth P
(Yes, no, or unkown) (If yes give war or dates of service) none	Mrs. Osra Sipes, Alexandria, Va.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	1 of sumace year.
151X DUE TO	
Cenditions, if any, which (b)	V
gave rise to immediate ( cause (a), stating the DUE TO	
underlying cause last. (c)	
	PERFORMED?
201	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NO  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.)
	e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20d. I	factory, street, office bldg., etc.)
	- 10 m 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
21. I certify that (I) (this hospital) attended the deceased fro	om Mero 10 , 1966, to SM 23, 1966, that (1) (we) last
	d that death occurred at II. M, from the causes and on the date stated above.
22a. SIGNAFURE	ATTENDING TO MED. STAFF TO C. 72.
Sernara V. Tumas	M.D. PHYS. DIRECTOR PHYS. 1012 1106
NAME (Type) Dr. Bernard O. Tromas	22d. ADDRESS
Bernard O. Womas,	Jr. Frederick, Md.
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM DUTIAL 6/25/66 Lutheran	METERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Cemetery Middletown, Md.
24. FUNERAL OIRECTOR ADDRESS	25a. REC'D RY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Gladhill Company, Middletown, M	1d. DATE JUN 27 1966 Junge
	1111

CULOU TALL TO STATE THE PROPERTY OF THE and the second of the second CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Years

Frederick

DIRECTOR

PHYS

23c. NAME OF CEMETERY OR CREMATORY

June 10. 1966 Mount Olivet Cemetery

M. R. Etchison & Son, Frederick, Maryland

22d. ADDRESS

d. STREET ADDRESS

		1	-	ent):	
and the	100	5,98	-016	(Sec.	
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ofter death physicion and completely filled in by the funeral en please, regrove carbon papers. Pages, tond. popers. Pog hin 72 haurs o within 72 0 crematian. signed by the buriol-transit p buriol. prior to the hos been O FUNERAL DIRECTOR: After this certificate be retained by the haspital or for detached State 0 shoul director, poge should be filed

requires that the death certificate be executed within 24 haurs after

OR ATTENDING PHYSICIAN:

1 PLACE OF DEATH

Frederick

Frederick

SIGNATURE

PHYSICIAN'S

NAME (Type)

23o. BURIAL CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify)

220.

b. CITY OR TOWN (If outside corporate limits,

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

write RURAL and give nearest town)

o. COLLINTY

500 Grant Place 500 Grant Place 3 NAME OF Middle First Lost 4. DATE DECEASED FULMER JUNE H. MARSHALL DEATH (Type or print) B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Allost birthdoy) May 25, 1882 Male White DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Railway Frederick County. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harman Fulmer Charlotte 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service) Thomas F. Fulmer. Jr. Feagaville, Md. 214 10 5934 1B. CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if onv. which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Yeor Hour om foctory, street, office bldg., etc.) of work ot work 21. I certify that (I) (this hospital) attended the deceased from 19623, to 19/06, and that death occurred at \_\_\_\_\_M, from causes and an the date stated abave. saw the deceased alive an

James B. Thomas. M.D.

23b. DATE THEREOF

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO X Month 1966 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY?A INTERVAL BETWEEN 19. WAS AUTOPSY PERFORMED? NO Z (County) (Stote) 1946 that (1) (we) last 22b. DATE SIGNED STAFF PHYS. June 9, 1966 228 N. Market Street, Frederick, Marylan 23d. LOCATION (City or Town) (County) (Stote) Frederick, Maryland

VR A15 (4) 20 M 1/66

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICA i. PLACE OF DEATH a. COUNTY Frederick MARYLAN b. CITY OR TOWN (if outside corporata limits, e. LENGTH OF STAY IN write RURAL and give nearest town) Rural - Jefferson Months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Jefferson NAME OF Middla DECEASED Irene (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX WIDO WED DIVORCED Female White

10b. KIND OF BUSINESS OR INDI

16. SOCIAL SECURITY NO.

218 07 8912

20b. DESCRIBE HOW INJURY OCCU

20d. INJURY OCCURRED | 20a.

Not Whila

attended the deceased fro

23c. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

DATE

Brunswick, Maryland

at work

10a. USUAL OCCUPATION (Give kind of work

Waitress

Conditions, if eny, which gava rise to immadiata causa

(a), stating tha undarlying

20c. TIME OF INJURY

saw the deceased 22a, SIGNATURE

22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)
Burial

24 FUNERAL DIRECTOR'S SIGNATURE

Hour a.m.

p.m.

20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH

21. I certify that (I) (this hospin

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

13. FATHER'S NAME

causa last.

CERTIFICATION

MEDI

No

dona during most of working life, even if ratired)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yas, no. or unkown) | (If yas give war or datas of sarvica)

PART I. DEATH WAS CAUSED BY:

Robert Samuel Connor

IMMEDIATE CAUSE (a)

18. CAUSE OF DEATH [Entar only one causa per lina for (a), (b), and (c).

DUE TO

DUE TO

Month, Oay, Year

19

M. R. Etchison & Son, Frederick,

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

Whila

at work

E. Pruitt, M. D.

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		Route #	1						NO T		
		Route #			Month	1	Day	Year			
	Gr	een	OF DEAT	ГН	June		28	19	66		
8.	DATE	OF BIRTH		9. A	GE (In years	IF UNDE	R1 YEAR	IF UNDER	24 HRS.		
1	1107110	+ 28 780	ol.		sst birthday) yrs.	Months	Days	Hours	Min.		
STR	III. B	TRTHPLACE (Con	nty & Stale,	or for	ign country)	12. 0	ITIZEN O	F WHAT C	OUNTRY?		
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NO	T RELAT	ED TO THE TERM	INAL DISEAS	SE CO	NDITION GIV	EN IN PA			UTOPSY RMEO?		
RED.	(Entar r	nature of injury in	Part I or Par	rt II of	item 18.)	h.P.					
		NJURY (Homa, fai it, offica bldg., at		City or	town)	(C	ounty)		(Stata)		
m,		1-1-									
hat	death	occured 215	2. AM, fre	om t	he causes	and on	the da				
	AT	TENDING	MED.		STAFF PHYS	Jii	ne 3	226	SIGNED		

23d. LOCATION (City, town or county)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Lovettsville, Mirginia

(Stata)

by the and 2 death. papers. Pages In 72 hours after din din les completel within carbon and physician e-remove or attending physician. has been signed by the attending eas ā Then removal the burial-transit permit. o Ö certificate hospital as use prior detached for ECTOR: After this should be death. Page 4 TO FUNERAL
director, page 5
be filed with th 15M 9/60

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24 hours

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C. E. Estate, S. D. September 1997 . S. D. Se

E. C. Bontron & con. respector. Sarvione - Bull 1 1886 / Contra Jean

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 64

> 5 (4) 1/65 A.15

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(18412)

1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived, If instituti	on: Residence before admission)		
	For a discoult also	MARYLANO	a. STATE Maryl	b. COUNTY	erick		
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If	outside corporate limits, write Ri			
	write RURAL and give nearest town)	DAYS	777 3		10-1		
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give st		d. STREET AOORESS	rick	e. IS RESIDENCE		
					ON A FARM?		
-	Frederick Memorial Hospita				reet YES NO NO		
3.	NAME OF First MIdd DECEASED		Last	4. DATE Month	Oay Year		
-			Teiser	DEATH Jun			
	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MA	WILL TO LI	. OATE OF BIRTH	last birthday) Mon	IOER 1 YEAR IF UNOER 24 HRS.		
				8911 75 yrs.			
10a	a. USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINE ling most of working life, even if retired)   INOUSTRY	SS OR	11. BIRT HPLACE (Co	unty & State, or foreign country)   1	2. CITIZEN OF WHAT COUNTRY?		
	7 1	cerv	Frederic	k Co. Md.	U.S.A.		
13	. FATHER'S NAME		14. MOTHER'S MAIO	EN NAME			
	Joseph Heiser Martha Brightwell						
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECUR	TY NO.   17.	INFORMANT	Address			
(Y	es, no, or unkown) (If yes give war or dates of service)	50 ml Ma	s. Marv V.	Trades on Oa			
=	18. CAUSE OF DEATH [Enter only one cays] per line for (a), (b),		S. Mary V.	Heiser Same	as Above		
	PART I. OEATH WAS CAUSED BY:	128	to de la cons	+ XLINK	ONSET AND DEATH		
	IMMEDIATE CAUSE (a)	. (4 400	· /account	10000			
	OUE TO TO	· D	and to				
	Conditions, If any, which gave rise to immediate (b)	2 43	acces nece	5			
	cause (a), stating the OUE TO	- (D)	011001	TO			
2	underlying cause last. ) (c)	e '	unccea	llls			
은	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUTNOTRELAT	TEO TO THE TERMINAL D	IS EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMEO?		
- ICA					YES NO		
CERTIFICATION	OR CONTRIBUTING CAUSE OF OFATH 20b. OESCRIBE HOW	INJURY OCCUP	RREO. (Enter nature of	Injury In Part I or Part II of Iter	n 18.)		
-	OR CONTRIBUTING  CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
EDICAL	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURR		E OF INJURY (Home, far	rm, 20f. (City or town)	(County) (State)		
ED G	Hour a.m. While Not While at work at work	Tactor.	y, street, omcebidg., et	0.)			
1	21. I certify that (I) (this hospital) attended the decease	end from /2	115 10	64, to 6/29,1	966. that (I) (we) last		
		-	7				
	228. SIGNATURE  ATTENOING THE MEO. STAFF						
	AZC. PHYSICIAN'S	M. U.	PHYS. 20 0	AKECION - FAIS.	37.3		
	NAME (Type) Dr. James B. Thomas	3	Professi	onal Building	Frederick.		
238	BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME		OR CREMATORY	23d. LOCATION (City, town of			
	Burial July 3, 1966   Linga	more C	Cemetery	Frederick Co.	Ma		
24	Dai III	3S		O BY REGISTRAR   25b. REGIST	RAR'S SIGNATURE		
1	C. M. Waltz Box 241 Sykesvil	la. Ma	OATE J	UL 5 1966 RC	Marley Judge		
1	- Jugavi	rice, File	UAIE J	0 1000	1		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0	OLK III 10/	AIL OI	DEATH			HA	413	
1. PLACE DF DEAT a. COUNTY	Н		2. U	SUAL RESIDENCE	CE (Where dece	ased lived, If inst		ce before adm	ission
Freder	rick	ALADM AN	a	STATE Mar	bro fu	b. coun	m ederici	1-	
	/N (If outside corporate limits and give nearest town)	, c. LENGTH OF STAY IN	1b c. CI	TY DR TOWN (If	outside corp	orate limits, wri			town)
	k Heights	3½ years	Bu	rkitts	ville		10-	1	
d. NAME OF HO	SPITAL OR INSTITUTION (if no	in hospital, give street addre	ess) d. ST	REET ADDRESS				e. IS RESID	DENCE
Vindabona	Convalescen	t Home							10 3
3. NAME DF DECEASED	First	Middle	Filtra	Last	4. DATE	Month	Da	y Year	
(Type or print)	Stella		Hight		DEATH	6	22	196	40
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED		E OF BIRTH	9.	AGE (In years   Last birthday)			24 HRS Min.
female	white WIDO	WED TO DIVORCED	7 1/2	5/1888	7	Vrs.	Months   Days	Hours	(WITT)
during most of work	ing life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY				or foreign country)	12. CITIZEN CDUNTR	DF WHAT	
housewif		wn home	Fr	ederic.	k Co.,	Md.	U.S		
13. FATHER'S NAM	IE		14.	MOTHER'S MAIL	DEN NAME				
Dani	el Zecher		A	manda 1	Dutrow		200 7		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)		17. INFDRI		-141			ylor	AV
no	(11 yes give war or dates or service)		Mrs.	David 1	Wells,	Colle	ge Parl	k, Md	
	DEATH [Enter only one cause	per line for (a), (b), and (c), ]					INT	ERVAL BETV	NEEN
The state of the s	EATH WAS CAUSED BY:	711 0	. 1				DN	SET AND DE	EATH
221	IMMEDIATE CAUSE (a)	naemus	elia	11			- 4	211-6	
333,	DOL ID	11/2-20	2 (	PD.	. 0.	2 (1)	1	211	1
Conditions, if		College	P	Hocas	wood			110	
cause (a), s	tating the DUE TD	Premuro	da	eneral	arti	ugole,	200	-41	20
	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO	THE TERMINAL O	11 /	ITIDN GIVEN IN I			
TA -	11.00010	,10-	6.	-0.0	, 5.	-06	V	PERFORM 'ES \ \ \ N	ED?
PART II. DTHER  20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING 1 20	Db. DESCRIBE HOW INJURY	OCCUPPED	Enter natura of		t Lor Part II of		L3 [] [1	0
DR CONTRIBUT	ING CAUSE OF DEATH	DESCRIBE HOW HISOKI (	opconnes.	(Enter nature of	i injury in rai	t i oi i ait ii oi	10.7		
	TIFY MEDICAL EXAMINER)							104	-4->
20c. TIME OF Hour a.			. PLACE OF I	NJURY (Home, fa et, office bidg., e	arm, 20t. (6	City or town)	(County)	(51)	ate)
p.	,	While Not While at work	100	. 0					
21. I certi	fy that (I) (this hospital) at	tended the deceased from	P	Let 1	963 to_	6/22	1966	that (I) (we	e) las
	ceased alive on 4/	5/ 19/06 and				m the causes	and on the da	te stated a	above
22a. SIGNATU	1				/		22b. DATE S		
	00 tale	co Manie	M.D. PHY	ENDING T	MED. DIRECTOR	STAFF PHYS.	6/24	166	
22c. PHYSICH		- Juc		d. ADDRESS	DIRECTOR L	11113.	7 - 7	700	
NAME (T	ype) Dr. A. Tal	bott Brice		Jeffer	rson,	Md.			
23a. BURIAL CREA			TERV DR CR			CATION (City, to	wn or county)	(Stat	te)
REMOVAL (Sp	ecify)				1 20		2.7	7	,
burial 24. FUNERAL DIR	6/25/66	Union Cer	meter		C'D BY REGIS	ittsvi	GISTRAR'S SIG	NATURE	
Gladhil		iddletown. M	2	ZJa. KC	IIIM o		not a		
a Taguit	T combanta M	radiecown,	u.	DATE	JUN Z	1966	Millare	y yeed	1c

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY lay is necessary, all director. Page for your files. b. COUNTY Frederick o Maryland Frederick MARYLAND Department death. c. CITY OR TOWN (If outside eorporete limits, write RURAL and give necrest town) b. CITY OR TOWN (if outside corporete limits, e. LENGTH OF STAY IN 1b write RURAL and give neerest town) Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE s 1, 2, and 3 to the funeral d age 5 may be retained for 1 and 2 with the State Der ON A FARM? 29 East Third Street 29 East Third Street be retained the the laste YES NO X 3. NAME OF Middle DECEASED 1966 ADDISON DEATH June HOFFMAN (Type or print) and 2 within within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months White Male WIDOWED K January 8, 1891 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? "pending" in pencil in Item 18. Give Pages 1, 2 xaminer's Office along with form PM3. Page Bailiff Co. Court House Ret. Grocer Frederick. Maryland U.S.A. File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ezra Hoffman Ada Mehrling in any 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) and Braddock Hgts Md. 218-30-9693 Mr. Addison L. Hoffman EDICAL EXAMINER: This certificate should be executed XXXXXXXXXXX 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),) or removal, Office along **burial-transit** ONSET AND DEATH PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Coronary Occlusion DUE TO Arteriosclerotic HEart Disease Conditions, if any, which cremation, gave rise to Immediate cause as a Medical Examiner's DUE TO (a), steting the underlying nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? 9 the certificate, writing the word NO T plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2 PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. Chief I MEDICAL 20c. TIME OF INJURY Page 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Dev. Yeer (State fectory, street, office bldg., etc.) While Not While sase execute the certificate, we should be forwarded to the **FUNERAL DIRECTOR**: Page 1 et work et work Inspection # 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry a and in my opinion designated Natural causes M. Suicide death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE its O DEPUT 6 EXAMINER'S NAME (Type) ple. 4 sh. TO FU. Health Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stete) Burial (Specify) Mount Olivet Cemetery Frederick, Maryland DDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR AISME Frederick. Maryland 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

AUDISON SECTION SECTION AND ASSESSMENT OF THE PROPERTY OF THE INST , lygaming the second cold Deili M. 10. 15 pr. Courts 10th orrest on Englander; Burvasander medicale that 1 / 4/3 renord drawl ollowelend retain hine year of the respectively and the company of the control of the MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08425 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. by the funeral Pages 1 and 2 death, 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH h COLINTY a. COUNTY Maryland Frederick after Frederick MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Rural - Thurmont Rural- Thurmont 7 vears d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled in papers. Route 1 Route 1 YES NO X = NAME OF Middle 4 DATE Manth carban Last Day DECEASED June 10-19 66 Clarence Rushton (Type or print) Honkins DEATH event IF UNDER 1 YEAR IF UNDER 24 HRS SEX 8 DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED -NEVER MARRIED remave last birthday) Months Hours any Male WIOOWED DIVORCEO May 4- 1893 White and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done ease during most of working life, even if retired)
Retired Explosive Engineer-INDUSTRY COUNTRY? U.S.A. Mountain Lake- N.J. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME d attending phys Estella Smith John H. Hopkins 16. SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Md. (Yes, no ar unknawn) (If yes give war ar dates at service) Mrs. E. Roberta Hopkins- Route 1-Thurmont-159-09-5113 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY þ signed Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the priar ta has been last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? NO X certificate Par 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark at work TO FUNERAL DIRECTOR: After ed fram \_\_\_\_\_\_\_, 1964, ta \_\_\_\_\_\_\_\_, 1966, that (1) <del>(we)</del> last \_\_, and that death accurred at 6:30AM, fram causes and an the date stated abave. 21. I certify that (1) (this hospital) attended the deceased fram ...... 0 be retained saw the deceased alive an June 10 1966 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. June 11-1966 OIRECTOR directar, page 3 shauld be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S Walkersville, Maryland 21793 NAME (Type) Dr. E.A. Dettbarn 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. OATE THEREOF (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Frederick, Md. 21701 June 11-1966 Mt. Olivet Cemetery 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Frederick, Md.21701 M.R.Etchison 1966 20 M 1/66

THE REPORT OF THE PROPERTY OF

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death hours after death PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Frederick Frederick Maryland by the f Pages 1 urs after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours l week Thurmont Frederick filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS DN A FARM? Frederick Memorial Hospital RD YES NOexecuted within completely carbon Middle Last 4. DATE Month Day Year. DECEASED 66 Carroll Lee Humerick June DEATH 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 1 7. MARRIED NEVER MARRIED white Dec. in any and male WIDOWED DIVDRCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician n please r during most of working life, even if retired) COPULTRY? death certificate be Frederick Co. Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Cora M. Isanogle remov Harry C. Humerick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no or unkown) (If yes a jve war or dates of service) 217-05-6320 Thurmont, Md. RD 2 Cora M. Humerick INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Severe alcoholism vrs. DUE TD l week Broncho pneumonia Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO (a), stating the l week Delirium tremons has underlying cause last. 119. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate YES T NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) detached for After this MEDICAL (State) 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) be de State Hour a.m. Not While While at work at work FUNERAL DIRECTOR: Af director, page 3 should I should be filed with the S 19 (c, that (1) (we) last 194 21. I certify that (I) (this hospital) attended the deceased from. M. from the causes and on the date stated above. and that death occurred at saw the deceased alive pn\_ 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. TO HOSPITAL (Page 4 may 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF 23b. 01 Bur 1a I Md. Fred. Thurmont Co. 6-15-66 Blue Ridge Cemetery ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Thurmont, Md. VR A15 (4) 15M 4-64

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#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08423			CERTIFICA	TE OF DEATH			118417
1	PLACE OF DEATH o. COUNTY	rederick		MARYLAND	A STATE	Where deceosed lived, if yland	COLINITY	e before odmissian) ederick
	b. CITY OR TOWN of write RURAL on	If outside corporate limits, d give nearest town) rederick		c. LENGTH OF STAY IN 1b  2 weeks		utside carporote limits, wr keystown	rite RURAL ond give	neorest town)
		AL OR INSTITUTION (If not	in hospital, a	1	d. STREET ADDRESS	71.0 / 5 0 0 11.11	/	e. IS RESIDENCE ON A FARM?
				lescent Cent	er			ON A FARM? YES NO TX
3.	NAME OF DECEASED (Type or print)	Firs Cha	arles	Middle H •	Kehne - Sr.	4. DATE OF DEATH	Month June	Doy Year 23- 19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yellast bigthe	eors   IF UNDER 1	
	Male	White		DIVORCED	Sept. 4- 18			
10d dui	o. USUAL OCCUPATIO ring mast of warking Retired	N (Give kind of work done life, even if retired)  Merchant		ND OF BUSINESS OR DUSJRY 'niture		& Stote, or foreign cauntry	r) 12. CIT COL	U. S. A.
	FATHER'S NAME				14. MOTHER'S MAIDEN			
	Ge	eorge Dallas	Kehne		Harriet	Frances Fe	ete	
15	. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.		7. INFORMANT	7 11 0210 00 1 0	Address	10-7-17 m 17-18
(Y	es, na, ar unknawn) No	(If yes give wor or dotes of	service)	7 28 0805 M	rs. Ella F. I	Cohno Buolee	aret own	Md. 21717
	18. CAUSE OF D	EATH (Enter only one coust TH WAS CAUSED BY: IMMEDIATE CAUSE (C	per line far		1 1	te		INTERVAL BETWEEN SNSET AND DEATH
	Canditians, if any rise to immedio stating the under lost.	te cause (a), prlying couse (a)	o ()		<u> </u>			
MOLL	PART II. OTHER S	IGNIFICANT CONDITIONS CO		O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		S UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I ar Port II af item	18.)	
MEDICAL	Haur a.	URY Manth, Doy, Yeor m. 19	20d. If While of worl	Not While	PLACE OF INJURY (Home, far factary, street, affice bldg., etc		7 /	
		ify that (I) (this hosp eceased alive an	atten	ded the deceased from	hat death accurred a	19 96, to 9 2 15 PM, from co		that (I) (we) last ne date stated abave.
	220 SIGNATURE	Iles X	Con	leg,	M.D. ATTENDING PHYS.	MED. STAFI	June	ATE SIGNED 24-1966
	22c. PHYSICIAN' NAME (Type	Dr. Charles	н. С	onley-Jr		dgFrederic		1701
	a. BURIAL, CREMATI REMOVAL (Specifi Burial	June 26		23c. NAME OF CEMETERY Mt. Olivet	Cemetery		rick- Md.	
2	4. FUNERAL DIRECTO  M.R.Et	or Elwood 7 chison & Sor		ADDRESS White Frederick-Md		UN 2 7 196	Sb. REGISTRAR'S SI	GNATURE Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08	428				CERT	IFICATE	OF DEATH				08418
1. PLACE O a. COUNT	ТУ	Frederick			м	ARYLAND	2. USUAL RESIDENCE (V a. STATE Mar	Where dec ylan	h com	YTY	rederick
b. CITY C write	RURAL and	outside corporate limit give nearest tawn) <b>erick</b>	5,	c.	vears		c CITY OR TOWN (If ou	tside corp		RAL ond giv	e neorest town)
	OF HOSPITA	L OR INSTITUTION (If no			treet address)		d. STREET ADDRESS	34.			e. IS RESIDENCE ON A FARM?
		erick Memo		Hosp					1 Avenue		YES NO
3. NAME O DECEASE (Type or	D	Ma	rst Y•V		Middle G.	I	last	4. DAT OF DEA			Doy Year 18— 19 66
S. SEX	p,	6. COLOR OR RACE	7. MARR	IED []	NEVER MAR		8. DATE OF BIRTH	DEA	9. AGE (In years	IF UNDER	1 YEAR   IF UNDER 24 HR
Fema	le	White	WIDOW	/ED 🛣	DIVOR	CED 🔲	Oct. 23- 18	76	lost birthdoy) 89 yrs.	Months	Doys Hours Min
during mast Ho	of working I memak	(Give kind of work done ife, even if retired) <b>er</b>	77	b. KIND O INDUST WM H			11. BIRTHPLACE (County Frederick	Co.			TIZEN OF WHAT DUNTRY? U.S.A.
13. FATHER							14. MOTHER'S MAIDEN N				
		Stone					Susan 0	gle		1156	
15. WAS DE (Yes, na, ar t	unknown)	R IN U.S. ARMED FORCES? (If yes give wor ar dates	of service)		10-173		NFORMANT S. Walter J.	Dav	Addresis = 228 D:		Md. ve.Frederic
P. Candition	ART 1. DEAT	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE DUE which gave )	(0)	for (o),	(b), and (c).)	dial	Jailur hea	e	dis.		INTERVAL BETWEEN ONSET AND DEATH
		lying cause	1 /	TPAK	WING	y For	INTESTINA	910	BSTRUCT	rod	11 Jane 60
PART II	I. OTHER SIG	SNIFICANT CONDITIONS C	e	Sky	mos	hati		elu	ua		19 WAS AUTOPSY PERFORMED? YES NO [
OR CON	TRIBUTING	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	201	DESCRUE	E HOW NJUR	OCCURRED.	(Enter nature af injury in I	Part I ar	Port II of item 18.)		
20c. TI	ME OF INJU Hour o.m p.n	10	W	d. INJUR) hile work	OCCURRED Nat While at wark		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		0		unty) (State)
sa	21. I certify that (I) (this hospital) ottended the deceased from 1964, to 18 june, 1966, that (I) (we) last saw the deceased glive on 1968, and that death accurred at 6:302M, fram cases and on the date stated above.										
6	SIGNATURE	les H (	on	le	11/2	) . M.		MED. DIRECTOR	R STAFF PHYS.	_	ne 18-1966
	PHYSICIAN'S NAME (Type)	Dr. Charl	es H.	Con	ley,Jr		22d. ADDRESS Prof. B	ldg.	- Frederic	ck, Mo	d. 21701
230. BURIAN REMOV Bur	L, CREMATIO VAL (Specify)	N, 23b. DATE TH			c. NAME OF C		CREMATORY emetery		LOCATION (City or To		(Caunty) (State) 21701
	AL DIRECTOR		7 7		ADDRESS Freder	Whit	make 250. REC'D	BY REG	ISTRAR 2Sb. R	GISTRAR'S	SIGNATURE

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or region, and in any event, within 72 hours after dead VR A15 (4) 20 M 1/66

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VR A15 (4) 15M 4-64

DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH (18415)
1. PLACE OF DEATH a. COUNTY Frederick MARYLANO FOR THE COUNTY OF STAY IN 15	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY  Maryland Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Frederick  6 days	Frederick /a-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Frederick Memorial Hospital	d. STREET ADORESS 327 Madison St.  e. IS RESIDENCE ON A FARM? YES \( \subseteq \text{ No } \subseteq \text{ YES } \subseteq \text{ NO } \subseteq  N
3. NAME OF First Middle	Last   4. OATE Month Oay Year
	ICHAEL BEATH JUNE 15 1966
5. SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIEO      female   white   wloowed   olvorgeo	8. OATE OF BIRTH 3/21/1882  9. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 HRS.   Months   Oays   Hours   Min.   Winder 24 Hrs.   Winder 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NOUS EWILE  WITE OF WITE WITE OF BUSINESS OR INDUSTRY OWN NOME	11. BIRTHPLACE (County & State, or foreign country)  Frederick Co., Md.  12. CITIZEN OF WHAT COUNTRY?  U.S.
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
Jonas Gross	Jennie Kephart
(Max and annual Lotte and Grand and Advantage Annual Annua	Addy Madison St.
gave rise to immediate cause (a), stating the underlying cause last.	RTERIOSCIEROSIS 15 yrs
APTERIOSCHEROTIC HEART DISEAS	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (1)(this hospital) attended the deceased from.	the death occurred at Mark from the causes and on the date stated above.
Crebard C. Reynolds. M.	D. ATTENOING MEO. DIRECTOR PHYS. 22b. PATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. Richard C. Reynolds	Frederick, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 6/18/66 Reformed Cemeter Adoress Gladhill Company, Middletown, Md.	

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dan and campletely filled in by the funeral dase remave carban papers. Pages 1 and 2 and in any event, within 72 hours after deets TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending days director, page 3 shauld be detached for use as the burial-transit permit. Then a shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remadal, Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

Clarence E. Wilson,

Emmitsburg, Md.

ARERO			CERTIFIC	ATE	OF DEATH				118	42	()
PLACE OF DEATH				I	2. USUAL RESIDENCE (V	Vhere dece			before	admissic	on)
o. COUNTY	Frederick		MARYLAN	ND	o. STATE Mary	land	b. COU		der	ick	
	If autside carparate limit	s,	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If au			RAL and give	nearest	town)	
Rural	d give negrest town) Thurmont	5000	70 yrs.		Rural		Thurmont	1	0	1	
d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, giv	re street address)		d. STREET ADDRESS				e	ON A FA	DENCE
					R.I	0.# 2			١		NO [
NAME OF	Fi	rst	Middle		Last	4. DATE	Mon	ith	Day	Yeo	ar
(Type or print)	Char	les	Peter	]	Miller	OF DEAT	H June		3,		66
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR Doys	IF UNDER	Min.
Male	White	WIDOWED	DIVORCED [	J	an. 4, 1888	3	78 yrs.				Trini.
o. USUAL OCCUPATION uring mast af warking	(Give kind af wark dane		O OF BUSINESS OR USTRY	1	11. BIRTHPLACE (County			12. CITI	ZEN OF	WHAT	
Labo			33167		Frederick		Md.	Ü.	S.A	•	
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
	Christoph	er Mill	er		Jane Eyl	er					
S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of service I	OCIAL SECURITY NO.	17. IN	FORMANT		Addr	ess			
No	(If yes give wor or dotes	220	0-10-5813	Irv	in Miller,	Thurn	nont, Md.	R.D.#	2		
	EATH (Enter only one cou TH WAS CAUSED BY:	use per line for (	o), (b), and (c).)				4			RVAL BET	
PAKI I. DEA	IMMEDIATE CAUSE	(a) _ CHY.	UL A DO	inc	-				un	Ruce	un-
163	DUE	10	/	0				1000			
Conditions, if ony	e cause (a)	(b)	/						-		
stoting the unde											
last.		(c)							Tio	11115 1117	0.001
PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT NOT RELATE	D TO IF	IE TERMINAL DISEASE CON	IDITION GI	VEN IN PART 1(0)			WAS AUTO PERFORM	IED?
3.	manalin	, —							YE	S 📗	NO K
OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH	205. DESC	RIBE HOW INJURY OCCU	RRED. (E	inter nature af injury in I	Part I ar P	art II of item 18.)				
	MEDICAL EXAMINER)	004 101	UDV OCCUPRED I OO	- DI ACC	OF INJURY (II I	1001	(City on Amum)	15	ntl	- /	(24242)
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p.r		at wark			6-17-11 1	0		10	41	. /1> /	\ \ 1
	eceased olive an_	spital) attend	ed the deceased from	m_es	death accurred at		M fram causes	and an th	, In	at (I) (	we) IC
220. SIGNATURE			17_EC, UII	u mui	death accorred at		m, num cuoses	22b. DA			J UDUV
1 200	Momas	11.1	MAT a	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.				
22c. PHYSICIAN'S	711	CA	1		22d. ADDRESS	711	_/_	0	,		
NAME (Type	HOMA	) H.	LOVE	200	1	liver	mont,	ma		1 15	
BO. BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETER	RY OR C	REMATORY	23d.	LOCATION (City or To	own) (	County)	(5	tate)
Burial REMOVALISPECIFY	June o	1966	New St. J	ose	oh's		nitsburg,				.Md
24. FUNERAL DIRECTO	OR Charence	-E. Will	Son ADDRESS		2So. REC'D	BY REGIS	TRAR 2Sb. R	EGISTRAR'S SI	GNATUR	E	

The same according to the property of the state of the st 1 - 1 And the last distant in their . a salamaya Server of the contract of the server of the - Carlos Magnettes Services (1997)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 08431 CERTIFICATE The law requires that the death certificate be executed within 24 hours after death ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Frederick nearest tawn) Minutes Frederick rural ⊒. d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? and in ony event, within 72 Frederick Memorial Hospital RD L YES ND K and completely til 3. NAME OF First Middle 4. DATE Lost Month Dov Year DECEASED Mary 20 Miss 19 66 June Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEW P 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. X Hours white May 18. 1909 female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) Cwn Home COUNTRY Maryland attending physic permit. Then ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removol, Clarence A. Miss Annie B. Starner 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yewns or unknown) (If yes give wor or dotes of service) 220-16-3751 Frank Miss, Jr. Frederick, Md. RD CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p DNSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. **DUE TO** Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse the last. use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS CERTIFICATION PERFORMED? YES NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from . 196 ( , to 6 - 20 , 1966 , that (1) (we) last 1966, and that death accurred at 11 40 M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. PHYS. 22c. PHYSICIAN'S Rex R. Martin Market St. Frederick, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) 23b. OATE THEREOF (County) BREMOVAL (Spacify) 6-23-66 United Brethren Cem. Thurmont, Md. Fred. Co. 2Sb. REGISTRAR'S SIGNATURE 24) FUNERAL DIRECTOR **AOORESS** 2So. REC'O BY REGISTRAR VR A15 (4) toreager Thurmont, Md.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESE	ARCH AND RECORDS CERTIFICAT			RE 1, MARYLAND (18422
1. PLACE OF OEATH a. COUNTY  Frederick b. CITY OR TOWN (if outside corporate limits, Frederick Frederick	MARYLANO  c. LENGTH OF STAY IN 1b  l day	a. STATE Maryla	nd Free outside corporate limits, write	itution: Residence before admission) Y ederick te RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in i		d. STREET AOORESS		e. IS RESIDENCE
Frederick Memorial Ho			en Ave.	ON A FARM?
3. NAME OF First DECEASED (Type or print) ETHEL	Middle MORNINGSTAI	Last	4. DATE Month OF JUNE	Day Year 20 19 66
5. SEX   6. COLOR OR RACE   7. MARRIED   7.	NEVER MARRIEO	8. OATE OF BIRTH 5/25/1896	9. AGE (In years I last birthday) 70 yrs.	
during most of working life, even if retired)	n home	Frederic		COUNTRY? U.S.
13. FATHER'S NAME		14. MOTHER'S MAIG		ACCO RES
Charles Gaver		Lula Leat		l LindenAve.
(Yes, no, or unkown) (If yes give war or dates of service)		informant ary O. Mor	Address ningstar, Fr	ederick, Md.
18. CAUSE OF OEATH [Enter only one cause per PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]  EUTE CORON	ARY THRO	MBOSIS	INTERVAL BETWEEN ONSET AND OEATH So hours
4201 OUE TO 1	RTERIOSCLEROT	TIC HEART	DISEASE	4-6 yrs
Underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  20a. ACCIOENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUTING TO OEATH BUT NOT RELI	ATEO TO THE TERMINAL	OISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMEQ? YES NO
20a. ACCIOENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OESCRIBE HOW INJURY OCC	URREO. (Enter nature o	f injury in Part I or Part II of	(Item 18.)
20c. TIME OF INJURY Month, Cay, Year 20d. Hour a.m. While p.m. 19 at wo	e Not While facto	CE OF INJURY (Home, f ory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
21. I certify that (I) this hospital), atten	ded the deceased from		1966, to 6/30	, 1966 , that (D)(we) last and on the date stated above
saw the deceased alive on 6/20 22a. SUMATURE	ol, M.	o. ATTENOING	MEO. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. Richard	C. Reynolds	22d. AOORES Freder	ick. Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF PUPIL SPECIFY 6/23/66	23c. NAME OF CEMETER	y or crematory emetery	23d. LOCATION (City, to	Md.
24. FUNERAL DIRECTOR	AOORESS		C'O BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
Gladhill Company, Midd	letown, Md.	OATE	1 2 4 1968	10

VR A15 (4) 15M 4-64 add a single and the state of the same and the same and

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2/1	AI		08433	CERTIFICATE	OF DEATH	08423
ond deoth			PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if instit	
the funera oges 1 ond s after deot		1	O. COUNTY FREDERICK	MARYLAND	a. STATE MARYLAND b. CO	FREDERICK
y the fur Poges 1 urs after			b. CITY OR TOWN (If outside corporate limit	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write F	RURAL and give nearest town)
by the Poor		1	write RURAL and give neorest town)	PURAL YEARS	NEW WINDSOR	RURAL 10-1
in Pers.		1	d. NAME OF HOSPITAL OR INSTITUTION (IF no	ot in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ly filled in by the fur son popers. Poges 1 within 72 hours after	00		OAK ORCHA	RD	OAK ORCHARD	YES NO
y fil				irst Middle		onth Doy Year
completely fove corbon			OFFICE ASED (Type or print) MARGARET	ELIZABETH NIC	CODEMUS DEATH JUN.	
Ve Ve	1	5.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Haurs Min.
			FW	WIDOWED DIVORCED	PR 9-1915 51 yrs.	
e re		10o. duri	. USUAL OCCUPATION (Give kind of work done ing mast, of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
icior			HOUSEKEEPEP	ROWN HOME	14 MOTHER'S MAIDEN NAME	USA
signed by the ottending physicion and burial-tronsit permit. Then pleose rest burial, cremation, or removol, and in an		13.	FATHER'S NAME	72 = 5.0		
The The		10	WAS DECEASED EVER IN U.S. ARMED FORCES?	BOWERS 16. SOCIAL SECURITY NO. 17. 1	HILDA BAILE NFORMANT Ad	dress R2
indii nit.			es, na, ar unknawn) (If yes give wor or dotes		I WIA - TO MIC NICH	11/10/05 8 190
ottending permit. The ion, or remo			NO	NONE E	I TICOVETIOS IVEN	INTERVAL BETWEEN
the sit			<ol> <li>CAUSE OF DEATH (Enter only one con PART 1. DEATH WAS CAUSED BY:</li> </ol>	1	The selection	ONSED AND DEATH
by fron			4201 IMMEDIATE CAUSE	(0)	John Market	1113
ial,			Conditions, if ony, which gove	(b)		
Signal Jan			rise to immediate cause (o), stoting the underlying couse DUE			
the tro			last.	(c)		
e hos been use as the olth prior to		z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
use ofth	0	SATIO				YES NO
this certificate letoched for u Dept. of Heal		CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II of item 18.)	
cert hed			(IF EITHER, NOTIFY MEDICAL EXAMINER)			
his etoc Dep		MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour o.m.		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	(Caunty) (State)
After 1 be d		2	p.m. 19	at work 🗀 at wark	11.1.	1
Af blue Sine Sine			21. I certify that (I) (this ha	spital) attended the deceased fram_ & 14/66 19 and tha	t death accurred at 4500 fram cause	is and an the date stated abave.
the the			saw the deceased alive an	&//7/00 19 , dita ilia	I deally accorded at 7 - 70, Halli coose	22b. DATE SIGNED
DIRECTOR ge 3 shou iled with the			M.E. Rober	tran M.	D. PHYS. DIRECTOR PHYS.	
ege E	1		22c. PHYSICIAN'S		22d. ADDRESS	2 /
RA P P			NAME (Type) /// L	OBERTSON	Muchinder	r md
for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	0	230	BURIAL, CREMATION, 23b. DATE TH	IEREOE 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or	
S gird	B		BURIAL 6/17	7/66 LINGANOR		ILLE MD
	60	24	FUNERAL DIRECTOR	ADDRESS .	44.4	REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	18	1	VI Harleler Y Su	one Illus Winds	17 JUN 17 1966 8	Charles Judge

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

55380 The state of the s 

death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealth. executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	ICATE OF DEATH	08194
1. PLACE OF DEATH a. COUNTY Frederick	2. USUAL RESIDENCE (Where det a. STATE Maryland	eased lived, If institution: Residence before admission) b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate limits, write RUBAL and give marest town)	c. CITY OR TOWN (If outside cor	porate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree Frederick Memorial Hospital	address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Barbara (Type or print) JULIA Barbara	ODEN 4. DATE DE DEATH	4-14-
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARR	IO/2I/I902 6	AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   3ast birthday)   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS INDUSTRY	Maryland	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Luther McKnight	Abbie Shores	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) none		Address d.#I,Thurmont Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CEREBRAL	THROMBOSIS	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  GENERAL 2  DUE TO  (c)	ED ARTERIOSCLERO	15/5 10 <sup>+</sup> yrs
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO S		PERFORMED? YES NO NO
	URY OCCURRED. (Enter nature of Injury In Pa	rt I or Part II of Item 18.)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(City or town) (County) (State)
220. SIGNATURE  Physician's  Physician's  NAME (Type)	and that death occurred at M. M. M. ATTENDING M.D. PHYS. MED. DIRECTOR [ 22d. ADDRESS	om the causes and on the date stated above.    22b. DATE SIGNED   PHYS.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF REMOVAL (Specify)	CEMETERY OR CREMATORY 23d. LC Of Rocks Cemetery P 1 25a. REC'D BY REGIS	e Ave Frederick, Md. CATION (City, town or county) (State)  Oint of Rocks STRAN 25b. REGISTRAN'S SIGNATURE  CC (Clearles Judge)

VR AI5 (4) 20M 1/65

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VR A15 (4) 20 M 1/66

### CERTIFICATE OF DEATH

0843	15	CERTIFICATE	OF DEATH		08425
1. PLACE OF DEATH o. COUNTY Free	derick	MARYLAND	2. USUAL RESIDENCE (VO. STATE West Vir	Where deceased lived, if institution: b. COUNTY ginia Berkel	
b. CITY OR TOWN	(If autside carporate limits,	c. LENGTH OF STAY IN 1b		utside carparate limits, write RURAL	
Fred	id give nearest town) derick	Days	Martinsb	urg	85-3
d. NAME OF HOSPI	TAL OR INSTITUTION (If nat in h	nospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Frederick	Memorial Hosp	ital	222 S. Map	le Avenue	YES NO 🔀
3. NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type ar print)	OLIVE	0.	OLAND	DF June	14 1966
S. SEX			8. DATE OF 81RTH	last birthday) Me	UNDER 1 YEAR   IF UNDER 24 HRS. onths   Days   Hours   Min.
Female	IIITTOE			.895 70 yrs.	
10a. USUAL OCCUPATIO during most of working	N (Give kind of work done g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstre	SS	Garment Company	Tuscarora,	Maryland	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN I		
	d P. Oland		Elizabeth		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
No	(17   05 give war at 25 to 50 v	~234 Ol 9845 A Day	id D. Oland	.402 Lee Place.	Frederick, Md.
18. CAUSE OF E	DEATH (Enter only one cause per		0 . 0	Λ.	INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Carelral Vascul	les leccid	ent	ONSET AND DEATH
1711	DUE TO				
Conditions, if an		Metrestutic C	accusoner		
rise to immedia	ite cause (a), ( Due to	0	1.		
last.	(c)_	Cucuoma	lewx		
PART II. OTHER S	GIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Port II of item 18.)	
	JURY Month, Day, Yeor .m. .m. 19	20d. INJURY OCCURRED   20e. PLA   While   Not While   fact   at wark   at work	CE OF INJURY (Hame, farm ary, street, office bldg., etc.)	n, 20f. (City or town)	(County) (State)
saw the	eceased alive an	Dattended the deceased fram		1:05 NP, did no causes and	, 19 <u>66</u> , that (1) (we) las I an the date stated abave
22a. SIGNATURE	obert (SI)	Comos MI		MED. STAFF DIRECTOR PHYS.	June 15, 1966
22c. PHYSICIAN' NAME (Type	-1	Thomas, M.D.	22d. ADDRESS Toll Hous	e Avenue, Freder:	ick, Md.
23a. BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Cremation	June 17,	1966 Fort Lincoln	Crematory	Washington. 1	D.C.
24. FUNERAL DIRECT	OR Douald	M. ADDRESS deley	2So RECT	BY REGISTRAR 2Sb. REGIST	RAR'S SIGNATURE
M.	R.Etchison &	Son, Frederick, M.	ryland DATE	20 1000	The Judge

BY A THE TOTAL MACHEMAN ARMY RESIDENCE WITH BY SECURITION OF SECURITION 1

TO LINE OF THE PARTY OF THE PAR e de la companion de la compan recorded for the Little complete. P. Charles Market Street C.O. Sandra remember yang di kemili sanda sanda alou it displaced by the control of Particular Control of the Control of OUT THE REAL OF THE STREET - ou North Department or and the conwith the constitution of the state of the st Lesson in the contract of the second of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02430	6		CERTIFIC	CATE	OF DEATH			- (	18426	;
a. COUNTY	rederick		MARYLA	IND	2. USUAL RESIDENCE (V o. STATE Maryl		d, if institution: b. COUNTY			
write RURAL an	(If autside carparate limit d give nearest town) rederick	s,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If ou		ts, write RURAL	and give near		
	de Apts W				d. STREET ADDRESS Hills	side Apts	. Water	r St.	e. IS RESIDEN ON A FARM YES NO	M?
3. NAME OF DECEASED (Type or print)	Sara	rst L <b>h</b>	Middle Magdalene	Pa	last	4. DATE OF DEATH	June June	8-	ay Year	66
S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		DATE OF BIRTH	lost		FUNDER 1 YEAR Months Days		4 HRS. Min.
during mast af warking Homem			IND OF BUSINESS OR NDUSTRY Thome		11. BIRTHPLACE (Caunty  Montgomery	Co. Md.	ountry)	12. CITIZEN COUNTRY	OF WHAT	
	am Thomas E				14. MOTHER'S MAIDEN Mary Camel					
	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service)	NONE		NFORMANT lard W. Pai	nter-Sr.	Address -Hillsi		ick-Md	•
	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	for		ex	Casen				NTERVAL BETWE	TH
Conditions, if any rise to immedia stoting the under last.	te cause (a),	(b)	7							
PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN P	ART I(o)	1	9. WAS AUTOPS PERFORMED? YES NO	Y ?
OR CONTRIBUTING	AS UNDERLYING [2] G [2] CAUSE OF DEATH MEDICAL EXAMINER)	205. D	ESCRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in I	Part I or Part II of	item 18.)			
Haur a.	m. 19	While at war	Nat While at work	facto	E OF INJURY (Hame, farm rry, street, affice bldg., etc.)		ar town)	(County)	(Sta	
saw the c	leceased alive an_		nded the deceased fi	کــam مط that	death accurred at	9 <u>26</u> , to <u>6</u> 5 <u>a M, fran</u>	n causes an	d an the d		
22a. SIGNATURE	5. Bru	rno (	*	M.D	ATTENDING PHYS. 22d. ADDRESS		STAFF PHYS.	June	9-1966	
NAME (Type	Dr. U.G.				30 W. All					<u> </u>
23a. BURIAL, CREMATI REMOVAL (Specif Burial	June 1	1-1966	23c. NAME OF CEMETE Mt. Olive		emetery	Frede	rick, l	Md. 217	701	e)
24. FUNERAL DIRECTO M.R.Etc	hison & Sor	- J. F	rederick, M	d.	2So RECT	BY REGISTRAP 1961	101 111	TRAR'S SIGNAL	Judge	

TOGE 4 may be retuited by the haspital of programme programme.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and foundetely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove forban papers. Pages 1 and 3 should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 20 M 1/66

1 2 54 delember de la casa de la chica de la companya de la casa de la ca Thomas and a state of the state to the term of the second and the se anvi series e anvistados e anvistad The Part of the Pa . H. B. C. Company of the Land of the Company of th residence all les frances de la company de l office of the deleter trade despend to the Clinic deleters the Clinic the contract of the contract o

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 20M AI5 (4) A 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION 08437 CERTIFICATE OF DEATH 08497

	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Washington
	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick  1 hour	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Hook
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
1	Frederick Memorial Hospital	RFD#2, Knoxville, Md. ON A FARM?  VES NO
	3. NAME OF DECEASED (Type or print) CHARLES ALTON	PAYNE DEATH JUNE 25 1966
	The state of the s	DATE OF BIRTH  9. AGE (In years   IFUNDER 1 YEAR   FUNDER 24 HRS.   Bept. 28, 1883   9. AGE (In years   IFUNDER 1 YEAR   FUNDER 24 HRS.   Hours   Min.   Hou
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Carpenter (Ret.)  Rallroad	Sandy Hook, Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	(Tes, no, or unknown)   (If yes give war or dates of service)	Lucy Bethel Custer  INFORMANT Mrs. Mae Dean Address  D#2, Knoxville, Md. 21758
	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  DUE TO  (c)	1 PERFORMED?
0	PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SCHERO S/S  20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCUMENT OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIB	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	DE OF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bldg., etc.)
	21. I certify that Othis hospital) attended the deceased from saw the deceased alive on 6/25 19.66, and that	death occurred at 34 AM, from the causes and on the date stated above.
	22a. SLANGTURE  Muhard C. Reynolds, M.D.  22c. PHYSICIAN'S  NAME TYPPH and C. Reynolds	ATTENDING MED. STAFF 22b. PATE SIGNED
	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY Burial 6/27/66 Samples Mano	
	24 FUNERAL DIRECTOR Sochles Harpers Ferry, V	V. Va. DATE UN 29 1968 Clarker Jusque

AND THE RESERVE OF THE PROPERTY OF THE PROPERT

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	NA
1	IAF
2	

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificote be executed within 24 hours after deoth. Poge 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use os the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior ta burial, cremation, or removal, arraise any event, within 72 hours after death

MEDICAL CERTIFICATION

VR A15 (4) 20 M 1/66

23

D. COUNTY Frederick  MARYLAND  Not Town (If outside corporate limits, write RURAL and give nearest town)  Months  A MANE OF ROYPILL OR INSTITUTION (If not in hospital, give street oddress)  Route #1, Ijamsville, Maryland  NAME OF ROYPILL OR INSTITUTION (If not in hospital, give street oddress)  Route #1, Ijamsville, Maryland  NAME OF ROYPILL OR INSTITUTION (If not in hospital, give street oddress)  Route #1, Ijamsville, Mad.  NAME OF ROYPILL OR INSTITUTION (If not in hospital, give street oddress)  Route #1, Ijamsville, Mad.  NAME OF ROYPILL OR INSTITUTION (If not in hospital, give street oddress)  Route #1, Ijamsville, Mad.  NAME OF PETRY  OF HADRE Month  Doy Year  OF PETRY  OF HADRE Month  Doy Year  OF DATE Month  OF DATE Month  OF DATE MONTH  No SEX NO COURTION (Give kind of work done  OF DATE MONTH  OF DAT	08438	CERTIFICATE	OF DEATH		08428
Non-this   Ruyard of work and any profession for the work of the profession of state of the profession of state of the profession of state of the profession of the professi	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE	Where deceosed lived, if institution	
Non-this   Ruyard of work and any profession for the work of the profession of state of the profession of state of the profession of state of the profession of the professi	Frederick	MARYLAND	Marylar	nd Fre	ederick
Hural    Months   Ruyal	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write RURA	L ond give neorest town)
d MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Route #1, Ijamsville, Md.  **On A FARP?** **ON A FARP.** **ON A		Months	Rural		10-1
NAME OF FIRST Middle Lost 4. DATE Month Doy YES   NO EN NAME OF CERESED   NOV. 15, 1921   Name of Country   1966    SEX 6. GLOR OR RACE 7. MARRIED   NEVER MARRIED   NAVER MARRIED   NOV. 15, 1921   Name of CERESED   Name of CERES			d. STREET ADDRESS		e. IS RESIDENCE
DECASED   Hager	Route #1, Ijamsville, Ma	ryland	Route #1,	Ijamsville, Md.	
Type or pint    HageT		Middle	Lost		Doy Year
SEX 6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   D. ACIE OF BIRTH   9. AGE (In year)   FUNDER 1YEAR   FUNDER 1	(Type or print) Hager		Perry		11 1966
SUSAL OCCUPATION (Give kind of work done on great of working lie, even frelied)   10b. KIND or BUSINESS OR BEALT MICHIGAL (County & Stote, or foreign country)   12. CITIZEN OF WHAT COUNTRY?   14. MOTHERS MAIDEN NAME   15. MO		NEVER MARRIED		9. AGE (In yeors	IF UNDER 1 YEAR   IF UNDER 24 HRS.
Industry   Self Employed   Virginia   U.S.A.		DIVORCED N	ov. 15, 192	last birthdoy) yrs.	Months Doys Hours Min.
Beautician   Self Employed   Vargania   Va			11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT
14. MOTHER'S MAINE   14. MOTHER'S MAIDEN NAME   Nancy Good   Nancy G	Beautician Se	of Employed	Virginia		U.S.A.
WAS DECEASED EVER IN U.S. ARMED FORCES?  NO  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  Mrs. Edward Carberry, Route #1, Ijamsville, Md/  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:  A UNMEDIATE CAUSE (o)  DUE TO  Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse lost immediate couse (o), stoting the underlying couse of (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO  201. Given To Port II of item IB.)  202. THE OF INJURY Month, Doy, Year of injury in Port I or Port II of item IB.)  203. INTERVAL BETWEEN ONLY IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO  19. WAS AUTOPSY PER	B. FATHER'S NAME	ar amproyed		NAME	
So. O. COLORIT WAS UNDERLYING   CONTRIBUTING   CONTRIBUTION   CO	John Mc Clanahan		Nancy Ge	ood	
Record of Death (Enter only one couse per line for (o), (b), and (c).)   Part 1. Death Was caused by:   Immediate cause (o)   Due to     Immediate cause (o)   Due	. WAS DECEASED EVER IN U.S. ARMED FORCES?	S. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTOPSY PERFORMED? YES   NO **   200. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     200. THE OF INJURY Month, Doy, Yeer Hour o.m. p.m. 19   200. INJURY OCCURRED of work   Of	(If yes give wor or dotes of service)	7 10 8623 Mms	Edward Car	hanne Route #1	Tiomerrille Wd/
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)   Branchogenic Carcinoma Metastatic Chief (b)			Pundia a	Delly, House #1	
DUE TO Conditions, if ony, which gove rise to immediate couse (o). Stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO   OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTHEY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  19 While Not While Of Not While Of Work Of Other of the Control of Injury (Home, form, foctory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased fram April 15, 1966, and that death accurred at 330PM, from causes and on the date stated above.  220. SIGNATURE  M.D. PHYS. MED. STAFF DIRECTOR PHYS. June 5, 1966  221. PROBLEM (Type) W.J. Reddick, M.D.  BURNAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) (County) (Stote)	PART I. DEATH WAS CAUSED BY:		Carain	me met to	ONSET AND DEATH &
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse (b) DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?  100. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 Of work of work of work of work of work of work and that death accurred at 3.30 PM, from causes and on the date stated above.  21. I certify that (1) (this hospital) attended the deceased fram April 15, 1966, and that death accurred at 3.30 PM, from causes and on the date stated above.  220. SIGNATURE  M.D. PHYS. DIRECTOR PHYS. June 5, 1966  221. PHYSICIAN'S W.J. Reddick, M.D.  BURLAL (REMATION), 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	1/21	concregence	- Carry	our news	are year -
DUE TO   Storing the underlying couse   Staff   Due To   Storing the underlying couse   Staff   Due To   Storing the underlying couse   Staff   Due To   Staff   Due To   Staff   Due To   Staff   Due To   Due		V			
Stoting the underlying couse   Cc    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 2  200. ACCIDENT WAS UNDERLYING   CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO 2  200. ACCIDENT WAS UNDERLYING   COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO 2  200. ACCIDENT WAS UNDERLYING   COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO 2  200. ACCIDENT WAS UNDERLYING   COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO 2  200. ACCIDENT WAS UNDERLYING   COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO 2  200. ACCIDENT WAS UNDERLYING   COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO 2  200. ACCIDENT WAS UNDERLYING   COUNTRIBUTING TO PART II of item 1B.)  19. WAS AUTOPSY PERFORMED? YES NO 2  201. If I or Port II of item 1B.)  19. WAS AUTOPSY PERFORMED? YES NO 2  202. CIME TO PORT II of item 1B.)  19. WAS AUTOPSY PERFORMED? YES NO 2  203. IN OUT TO WAS UNDERLYING   COUNTRIBUTING TO PORT II of item 1B.)  19. WAS AUTOPSY PERFORMED? YES NO 2  204. INJURY (Country) (Stote)  19. WAS AUTOPSY PERFORMED? YES NO 2  205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)  19. WAS AUTOPSY PERFORMED? YES NO 2  206. (City or fown) (Country) (Stote)  207. ACCIDENT TO PORT II of item 1B.)  208. ACCIDENT TO PORT II of item 1B.)  209. ACCIDENT TO PORT II of item 1B.)  209. ACCIDENT TO PORT II of item 1B.)  200. ACCIDENT TO PORT II of item 1B.)  200. ACCIDENT TO PORT II of item 1B.)  201. IN OUT TO PORT II of item 1B.)	rise to immediate couse (a)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  VES NO **  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 of work of work of twork of two twork of two twork of two					
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 201. I certify that (I) (this hospital) attended the deceased fram April 15, 1966, that (I) (we) last saw the deceased alive an 1966, and that death accurred at 3.30 PM, from causes and on the date stated above.  21. I certify that (I) (this hospital) attended the deceased fram April 15, 1966, the deceased alive an 1966, and that death accurred at 3.30 PM, from causes and on the date stated above.  220. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS. June 5, 1966  221. ADDRESS  NAME (Type)  W.J. Reddick, M.D.  BURIALL (REMATION)  230. DATE THEREOF  231. NAME OF CEMETERY OR CREMATORY  231. LOCATION (City or Town)  (County) (Stote)  (County) (Stote)	last. (c)				
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)  20c. TIME OF INJURY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  20d. INJURY OCCURRED While of work of twork of two	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (O	NDITION GIVEN IN PART 1(o)	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.  19  20d. INJURY OCCURRED While of work of otwork of twork of twork of twork of twork  21. I certify that (I) (this hospital) attended the deceased fram April 15, 1966, that (I) (We) last saw the deceased alive an 1966, and that death accurred at 3:30 PM, from causes and on the date stated above.  220. SIGNATURE  M.D.  ATTENDING PHYS.  ATTENDING PHYS.  22d. ADDRESS NAME (Type)  W.J. Reddick, M.D.  BURLALL (REMATION)  23b. DATE THEREOF  23c. NAME OF CEMETERY OR (REMATORY)  23d. LOCATION (City or Town) (County) (Stote)	20o. ACCIDENT WAS UNDERLYING ☐ 20b.	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Port II of item 18.)	
Hour o.m. p.m.  19 While of work of wo	OR CONTRIBUTING CAUSE OF DEATH			1-4	
21. I certify that (I) (this hospital) attended the deceased fram April 15., 1966 to June 4, 1966, that (I) (We) last saw the deceased alive an June 4 1966, and that death accurred at 3:30 PM, from causes and on the date stated above.  220. SIGNATURE  M.D. ATTENDING MED. DIRECTOR STAFF DIRECTOR JUNE 5, 1966  221. PHYSICIAN'S NAME (Type)  W.J. Reddick, M.D. Frederick Medical Center, Frederick, Md.  BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	The state of the s				(County) (Stote)
22c. PHYSICIAN'S NAME (Type)  W.J. Reddick, M.D.  ATTENDING MED. DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRE	1 1111		ory, street, office bldg., etc.	.)	
22c. PHYSICIAN'S NAME (Type)  W.J. Reddick, M.D.  ATTENDING MED. DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR PHYS. DIRE	21. I certify that (I) (this hospital) atte	nded the deceased fram	april 15.	1966 10 June 4	1966, that (I) (We) last
ATTENDING M.D. ATTENDING M.D. DIRECTOR	saw the deceased alive an June	19 <u>66</u> , and tha	t'death accurred at	5:30PM, from causes ar	nd on the date stated above.
22c. PHYSICIAN'S NAME (Type)  W.J. Reddick, M.D.  BURIAL (SEMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	220. SIGNATURE	/_			
NAME (Type) W.J. Reddick, M.D. Frederick Medical Center, Frederick, Md.  BURIAL (SEMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	ag/ caaca	M.I	11115.	DIRECTOR L PHYS. L	anue 2, 1300
DEMOVAL (C)		, M.D.		Medical Center	Frederick, Md.
Bur Sariy June 8, 1966   Clinch Valley Mem. Cemetery Grundy. Va.		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	(County) (Stote)
	FMQYAL(STITY) June 8, 1966	Clinch Valle	y Mem. Ceme	tery Grundy, V	a.
FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE	4. FUNERAL DIRECTOR			D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE
M.R. Etchison & Son, Frederick, Maryland DATIN 8' 1966 Scharles Judge	M.R. Etchison & Son. F	rederick. Marvl	and DAMIN	18 1966 gol	carles judge

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE DE DEAT	Н .			2. USUAL RESID	DENCE (When	re deceased liv	ed, If institut	ion: Residence	before ad	mission)
a. COUNTY	Frederick		MARYLAND	a. STATE	Maryla	and	b. COUNTY	Frede	rick	V-1
b. CITY OR TOW	N (if outside corporat and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	N (If outside	corporate l	Imits, write R	URAL and gl	ve neares	t town)
	derick	11)	years		Frede	rick		10	5 - 1	
d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in h	ospital, give street address)	d. STREET ADDR	ESS				e. IS RES	
Fre	derick Memo	rial H	ospital		468 W	• Sout	n St.			NO X
3. NAME DF DECEASED	Fi	rst	Middle	Last	4. D	ATE F	Month	Day	Yea	
(Type or print)		rances	Louise	Powell		EATH	June	2-	19	66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (I	n years IFU Irthday) Mor		IF UNDER Hours	24 HRS.
Female	White	WIDOWED		April 3-1		6.	3 yrs.			
	TION (Give kind of work ling life, even if retire		IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE	E (County &	State, or foreig	n country)	12. CITIZEN COUNTRY	OF WHAT	
Homema			At home	Freder	rick C	o. Md.	3.054	U.S.		3/19
13. FATHER'S NAM	ΛE			14. MOTHER'S	MAIDEN NAM	ME		the second		
Lut	her C. Heff	ner		Eliz	zabeth	M.M.H	offman			
	EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.   17.	INFDRMANT		113011	Address			
No No	(11 yes give war or dates o	r service)	Unk Ro	ger D. Pov	re11_],	68 W.S	outh St	Fred	leric	k_Md
	DEATH [Enter only on	e cause per l	ine for (a), (b), and (c),]	ger D. To	1677-11	00 11 10	Juli Di	INTE	RVAL BET	TWEEN
The second secon	EATH WAS CAUSED BY		Stands					ONS	SET AND D	DEATH
590	IMMEDIATE CAUSE	(a)	Swill	- 1		Α				
00/	DUE	TO	(1) 1 -	P. P1	2000	1000				
Cenditions, if gave rise to		(b)	A Com	US ICE	1000	oc Con	4 4			
cause (a), s underlying cau	stating the DUE	(c) (g	ente Hem	anliag	ic PE	nucre	atiti	,		
PART II. OTHER	SIGNIFICANT CONDITIO		JTING TO DEATH BUT NOT REL	ATED TO THE TERMIN	VAL DISEASE	CONDITION	GIVEN IN PAR	T 1(a)   19.	WAS AU PERFOR	TOPSY
CAT								YE		NO T
20a. ACCIDENT	WAS UNDERLYING		DESCRIBE HOW INJURY OCC	URRED. (Enter natu	re of Injury	In Part I or	Part II of Ite	m 18.)	-	
PART II. OTHER  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	'ING □ CAUSE OF DEA' OTIFY MEDICAL EXAMI	TH VER)								
	INJURY Month, Day,	. 1	NJURY OCCURRED   20e. PL	ACE OF INJURY (Hom	ne. farm.   2	Of. (City or	town)	(County)	(\$	State)
Hour a.	m.	While	Not While factor	ory, street, office bld	lg., etc.)	(,		4- 11		
	m. 19	at wor		Maria	254	. /	10	10//	. 1 (0) (	. A look
The state of the s		oital) attend	ed the deceased from	viag	7p7	, to	/	19 <i>6</i> , th		
saw the de	ceased alive on	- 4	2 194 G, and tha	t death occurred	at P. N	i, from the	causes and	on the dat		above.
ZZa. SIGNATU	and C	Thomas	2.01-	ATTENDING	MED.	STA	CC .			
22c. PHYSICI	MUNO.	1000	nas M.	D. PHYS. L	DIRECTO	OR PHY	S. LI e	June 3-	-1700	
NAME (T		nes B.	Thomas	Prof. 1	_	Frede	rick l	Id. 217	707	
DUDIAL ADS	MATION LOOK DATE:	FUEDEOE	LOGO NAME OF OFMETER							tato)
231. BURIAL, CREI REMOVAL (Sp	ecify)		23c. NAME OF CEMETER				(City, town			tate)
Burial	June 4-	-1700	Mt. Olivet C				ick, Mo 25b. REGIS			
24. FUNERAL DIR	chison & Sor	40 M.	Frederick, Md.							
Marta E 60	TITAOH & DOI		LLegelTCK Mg.	21701	ING	1966	Jula	rley fu	de	

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removed, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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April 12 - Aug 500 5 MAY TO THE TABLE OF THE PARTY OF THE

Francis Gasch's Sons Hyattsville, Md.

VS A15 (4) 15M 9/SS

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0244

1.	PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY  Maryland Frederick					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Frederick	c. CITY OR TOWN (If outside corporate limits, write RURAL Ladiesburg	0 = 1				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Frederick Memorial Hospital	d. STREET ADDRESS	9. IS RESIDENCE ON A FARM? YES NO				
3.		ed, Jr 4. OATE Month OF June 20	Oay Year 66				
5.	sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5  male white WIOOWEO DIVORCED 5	to a fitting to a second	LYEAR IF UNDER 24 HRS.  Days Hours Min.				
10a dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  10b. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CI	TIZEN OF WHAT				
13.	George david Reed, Sr.	14. MOTHER'S MAIDEN NAME Amelia Louise Smith					
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service)	Mother Ladiesburg					
	DUE TO Conditions, if any, which	STRESS SYNDROME	INTERVAL BETWEEN ONSET AND DEATH				
N	gave rise to Immediate cause (a), stating the underlying cause last.	TEN YOUR SERVING DISTANCE AND VIOLENCE AND V	119. WAS AUTOPSY				
CERTIFICATION		PATERNAL HENORRHAGE  RRED. (Enter nature of Injury In Part I or Part II of Item 18.	PERFORMED?				
MEDICAL	20c. TIME OF INJURY Month, Oay, Year Hour a.m.  p.m.  19  20d. INJURY OCCURRED factor at work at work	CE OF INJURY (Home, farm, y, street, office bldg., etc.)	nty) (State)				
	21. I certify that (I) (this hospital) attended the deceased from 6 saw the deceased alive on 6 20 19 66, and that	death occurred at 10 M, from the causes and on the	that (I) (we) last the date stated above.				
	22a. SIGNATURE Hed Bake M.D.	ATTENOING MED.  PHYS. STAFF  DIRECTOR PHYS. 6	- 20 - 66				
	22c. PHYSIC(ANYS NAME (Lype) J. Fred Baker	Frederick, Maryland					
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)  6/05/66  FUNERAL DIRECTOR  400RESS  4-C. Bartan  Walkers wille	OR CREMATORY 23d. LOCATION (City, town or country) 25a. REC'D BY REGISTRAR 25b. R	med.				

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June 20, 1966

CALL TOTAL

Amelia Louise Smith

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1.	PLACE OF CEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. CDUNTY						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENCTH OF STAY IN 1b		f outside corporate limits, write RURAL	ederick and give nearest town)				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		,	e. IS RESIDENCE DN A FARM?				
3.	Frederick Memorial Hospital	104	DATE Mark	YES NO X				
	(Type or print) Mary Ann Reed	Last	4. DATE Month DEATH June 20	Oay Year 19 66				
	SEX 6. CDLDR DR RACE 7. MARRIEO NEVER MARRIEO DIVDRCEO DIVDRCEO	8. OATE DF BIRTH	9. AGE (In years   IF UNOER   last birthday)   Months	Oays Hours   Min.				
10a dur	B. USUAL OCCUPATION (Cive kind of workdone ing most of working life, even if retired)  10b. KIND OF BUSINESS OR INOUSTRY	Fre	Levick to med u	ITIZEN DF WHAT DUNTRY?				
13.	FATHER'S NAME George David Redd	Amelia	DEN NAME ESTELOUISE	Smith				
15	. WAS DECEASED EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address					
(Yo	(If yes give war or dates of service)	Mother	Ladiesburg					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (a) RESPIRATORY	PISTRESS	SYNDROME	INTERVAL BETWEEN DNSET AND DEATH				
	DUE TD							
	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.							
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		DISEASE CONDITION GIVEN IN PART 1(a) HEMORRIHAGE	19. WAS AUTOPSY PERFORMEO?				
CERTIFICATION		URREO. (Enter nature of	of Injury In Part I or Part II of Item 18.	The second second				
MEDICAL	20c. TIME DF INJURY Month, Oay, Year   20d. INJURY DCCURRED   20e. PLA	ACE DF INJURY (Home, f ory, street, office bldg.,		inty) (State)				
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 6-20 19.66, and that		19.66, to 6-20, 19 6	he date stated above				
	22a. SIGNATURE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	it death occurred ata		ATE SIGNED				
	of Fred Carbon M.	D. PHYS.	OIRECTOR PHYS.	20/66				
	22c. PHYSICIAN'S NAME (Type) J. Fred Batter	22d. AODRESS Frede	rick, Maryland					
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETER'	Y DR CREMATORY	23d. LOCATION (City, town or cou	anty) (State)				
24	FUNERAL DIRECTOR ADDRESS	/ 25a. RE	C'D BY REGISTRAR   25b. RECISTRAR'	SSIGNATURE				
	y.C. Barton Un Persoville.	Md. OATE	UN 28 1986 Jahr	as Just				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 RESTON STREET, BALTIMORE, MARYLAND 21201 166 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) 1. PLACE OF DEATH o. COUNTY Maryland b. COUNTY derick Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Frederick Year Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prospect Plaza Apt. Prospect Plaza Apt. YES NO PE 3. NAME OF Middle First Last 4. DATE Manth DECEASED (Type or print) Irev Robbins June 66 George IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH AGE (In years last birthday) Days Hours Dec. 23. 1908 WIDOWED DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? Annapolis, Maryland
14. MOTHER'S MAIDEN NAME Naval Academy Retired 13. FATHER'S NAME Ida Adams George Wesley Robbins 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Catherine Robbins (Same as item #2) 216 14 9791 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSEJ AND DEATH IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part 11 af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Haur a.m. Nat While factory, street, office blda., etc.) at wark 21. I certify that (1) (this haspital) attended the deceased fram. 19 66 and that death accurred at 9 00 saw the deceased alive an 2 A.M., francauses and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR June 3, 1966 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles H. Conley, Jr.M. D. 228 N. Market Street, Frederick, Md. 23a. BURIAL, CREMATION
BREMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) June 6. 1966 Lorraine, Park Cemetery Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland

25q, RECID BY REGISTRAR 1966

the death certificate be executed within 24 haurs after death by the funeral Pages 1 and filled in by the papers. Page and campletely file remaye arbon in any event, with dank event. signed by the attendi burial-transit permit. attending physician. tar use as the l Health prior tab has been 10 FUNERAL DIRECTOR: After this certificate the haspital or d far detache be retained be filed with the directar, shauld b

requires that

ATTENDING PHYSICIAN:

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24. FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

0844	6	VI	CERTI	FICATE	OF DEATH			08434	
1. PLACE OF DEATH a. COUNTY Fre	derick			RYLAND	a. STATE Marvland	Fr	OUNTY ederick		
b. CITY OR TOWN write RURAL at	(If autside carparate limi id give nearest tawn) ierick	ts,	C. LENGTH OF STAY	IN 1b	c. CITY OR TÓWN (If at	RURAL and give	nearest tawn)		
	TAL OR INSTITUTION (If n				d. STREET ADDRESS  110 N. Cour	t Street		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)		irst	Middle Powe 11		Last Rogers	4. DATE MO OF DEATH June	anth	Day Year 27 19 66	
s. sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE	ED B	DATE OF BIRTH	9. AGE (In years last birthday)	Manths	YEAR IF UNDER 24 HRS. Days Haurs Min.	
during mast af warking Hous	N (Give kind af wark dane glife, even if retired) <b>ewife</b>		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County North Fork	& State, ar fareign cauntry)  Loudoun, Va.		IZEN OF WHAT INTRY?	
	liamLevin P				14. MOTHER'S MAIDEN Frances	Caldwell			
(Yes, na, ar unknawn) No	ER IN U.S. ARMED FORCES? (If yes give war ar dates	af service) 21	social security no. 5 26 8295		Hur Petts, B	Ad raddock Heigh	dress	ryland	
PART I. DE/  4 2 Canditians, if an rise ta immedia stating the undustating the	r, which gave te cause (a),	/	Testo C Interior	er po	Service Concert	Lardis-		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT W	GNIFICANT CONDITIONS OF A STATE OF DEATH  AS UNDERLYING   G  CAUSE OF DEATH  MEDICAL EXAMINER)	helli	tus .			NOITION GIVEN IN PART 1(a) Part I ar Part II af item 1B.)		19. WAS AUTOPSY PERFORMED? YES NO	
20c. TIME OF IN.	URY Manth, Day, Year	20d. IN While	NJURY OCCURRED  Nat While at wark	20e. PLAC	OF INJURY (Hame, farm ry, street, affice bldg., etc.)	n, 20f. (City ar tawn)	(Caur	nty) (State)	
saw the d	21. I certify that (1) (this haspital) attended the deceased fram June 26, 19 66, ta June 27, 1966, that (1) (we) las saw the deceased alive an June 27, 1966, and that death accurred at 12:200, from causes and an the date stated above								
22a. SIGNATURE	A. Au	ohn Y	Pearr	e M.D	ATTENDING PHYS. 122d. ADDRESS	MED. STAFF PHYS.		TE SIGNED 27, 1966	
23a. BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEM		REMATORY	23d. LOCATION (City or	Tawn) (	(Caunty) (State)	
Cremation 24. FUNERAL DIRECT	- A	ell?	ADDRESS	adel			D. C. REGISTRAR'S SIC		

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in ony event, within 72 hours after death.

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VR A15 (4) 20M 1/65

Page 4 may HOSPITAL TO FUNERAL

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director, p should be f

24. FUNERAL DIRECTOR Gladhill

ADDRESS Middletown, Maryland 25a. REC'D BY REGISTRAR I 25b.

REGISTRAR'S SIGNATURE

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death. Page be retained by the hospital or attending physician.

IO FUNERAL MECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 7-62 -

**DIVISION OF STATIST** 

MARYLAND	STATE DEP	ARTMENT C	OF HEALTH	1	
ICAL RESEARCH AN	D RECORDS,	301 W. PRESTO	ON STREET,	BALTIMORE 1,	MARYLAND
CEL	TIPLCATE	OF DEAT	LI		11010

	<b>GENTLINE</b>			00200					
I. PLACE OF DEATH a. COUNTY				institution: Residence before edmission)					
Frederick	MARYLAND	o. STATE Maryl	and b. COUN	Montgomera					
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	e RURAL end give neerest town)					
Grederick	17 days	Silver Spr	ina	16 2					
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?					
Frederick Nursing & Conu	alexcent Center	1104 Merri	mac Drive	YES NO					
DECERGED	valescent Center	Lest	4. DATE Month	Dey Yeer					
(Type or print) PORA	S. RUEBS	SAM	DEATH )U	NE 27 1966					
5. SEX   6. COLOR OR RACE   7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthdey)	IF UNDER 1 YEAR   IF UNDER 24 HRS.					
Gemale White WIDOW		Aug. 22, 1877		Months Deys Hours Min.					
10a. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
done during most of working life, even if retired)	wn Home	Washington	D C	u. S. A.					
13. FATHER'S NAME		Washington,	AME	V. O. 11.					
John E. White		Charlotte B.	Hillstrom						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	19.					
(Yes, no, or unkown) (If yes give war or detes of service)	Ues Mrs	. Charlotte K	Sherwoo	ville. Md.					
18. CAUSE OF DEATH (Enter only one cause per	line for (e), (b), end (c).]	· Crustotte i	my warreas	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	NC HO PNEUMONIA			ONSET AND DEATH					
H 2 21 DUE TO CON	GESTIVE MYOCARD	VAL FAILURE		2 MOS.					
Conditions, if eny, which ) (b) ARTE	RIOSCLEROTIC C	ARDIO VASCULAR	DISEASE	YEARS					
geve rise to immediate cause	geve rise to immediate cause								
(e), steting the underlying cause last.									
PART II. OTHER SIGNIFICANT CONDITIONS CO	ENTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	VEN IN PART 1(e) 19. WAS AUTOPSY					
HEPATOMEGALY & ANEMIA	ETIOLOGY UND	ETERMINED		PERFORMED?					
20e. ACCIDENT WAS UNDERLYING []   20b. DE	SCRIBE HOW INJURY OCCURED		ort I or Pert II of item 18.)	7 6 6					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OR CONTRIBUTING C CAUSE OF DEATH								
20c. TIME OF INJURY Month, Dey, Yeer   20d		CE OF INJURY (Home, ferm,	20f. (City or town)	(County) (Stele)					
20c. TIME OF INJURY Month, Dey, Yeer 20d Hour a.m. Whi	1401 1111110	ory, street, office bldg., etc.)							
21. I certify that (I) (this hospital) atte		1 ) UNE 66 1	0 16 40 27 101	VF 10/1 that (1) (was last					
saw the deceased alive on 25									
220. SIGNATURE	and that	death occurred at	M, from the causes of	22b. DATE					
James E. Stoner In		.D. ATTENDING ME	ED. STAFF	SIGNED					
22c PHYSICIAN'S		.D. PHYS. DIF	tterox [] Tims: []	6/27/66					
NAME (Type) JAMES E. STO	NER, JR.	WALK	I RSVILLE , A	Nd					
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to	wn or county) (Stete)					
REMOVAL (Specify)	6 Cedar Hill Ce		Suitland Ma						
			D BY REGISTER 256. RE						
John Shomas	1434 Georgia Avi	enue Md DATE	111 1 1966	Charles Judge					
mariner C. Fumblivery, Mc.	silver Spring, 1	The love of	OF TOO						

26121 must reside the district and a description of the second agreement. See All The 1956 Wester Joseph

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DIF

VS A15 (4) 15M 9/SS

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE	OF DEATH
CERTIFICATE	OF DEAT

Reg.			11	0	1	2	10
Reg.	Dist.	No.	4.3	O	7	U	6

1	0844			CERTIFIC	ATE OF DEAT	TH		Reg. Dis	t. No.	118	437
	E OF DEATH DUNTY Prederi	ck.		MARYLAND	2. USUAL RESIDENCE ( o. STATE Maryland	Where deceas	ed lived. If institution b. COUNTY	eder	ce before	odmissi	on)
RU		outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN 18						est town)	1
OF	RINSTITUTION	onv. & Res			d. STREET ADDRESS Route 5				e.	ON A	FARM?
3. NAM DECE (Type	ASED or print)	Berth	rst C_	Middle #	Sackett	4. DATE OF DEATE	H Su	th 'n-	Doy		ear 966
5. SEX		6. COLOR OR RACE		RIED NEVER MARRIED	B. DATE OF BIRTH	- O	9. AGE (In years lost birthdoy)	Months		F UNDER	R 24 HRS. Min.
	male	White	WIDOW		October 29,		91 yrs.	110 617			
duri	ing most of work	ing life, even if retired	)	KIND OF BUSINESS OR INI	- Circlevi				J. S.		COUNTRY
13. FATH	IER'S NAME				14. MOTHER'S MAIDE		Same and the				
	John N	elson Hood			Nancy Har	wn					
		IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT		Addr	ess			
No			0.	16 10 2774D M	rs. Allan M.	Creed,	Route 5,	Frede	ericl	c, Mo	d
18.	CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (o), (b), ond (c).]					INTER	T AND	WEEN
g c con lyi	onditions, if an over rise to in use (o), stoting ing couse lost.  PART II. OTH	he under-	o)	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TEI	RMINAL DISEA	SE CONDITION GIV	EN IN PAR	' '	. WAS A PERFOR	SWED5
O (1F )	. ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Po	ort II of item 18.)				110 [2]
WEDICAL 20c.	TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	While		PLACE OF INJURY (Home, fo foctory, street, office bldg.,		ty or town)	((	County)		(Stote)
ali	I certify the ve on	at 1 attended the	decease , 12_s	11	1965, to_ ith occurred at_56 M.D. Braddoc	ADDRESS (	! *	ind on tl stote)		e state	
NA	YSICIAN'S ME (Type)			lman, M. D.			nts, Maryl				
IOr	RIAL, CREMATIO MOVAL (Specify) CMACLON	June 10.	1966	22c. NAME OF CEMETERY Cremation -F		Fort	Lincoln,		ingto	(Stote	
23. FUN	ERAL DIRECTOR'	100	n & S	Son, Frederick	Marylandale	C' B BY REGI	966 24	STRAR'S SIC	Jus	ge	

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district from				
	AND ASSESSED OF STREET, NO. 10 P.	of the second		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02448			CERTIF	ICATE C	F DEATH				() (	843	8/
	PLACE OF DEATH	rederick			YLAND	usual residence ( o. STATE Mary.	land	b. CO	UNTY Ca	rrol	1	on
	b. CITY OR TOWN (II write RURAL and	autside corporote limit rederick	,	16 mont		Union				give neores	st town)	
		L OR INSTITUTION (If no Nirsing		Stan.		STREET ADDRESS 202 EI	gar S	st.			e. IS REST ON A F YES	DENCE ARM? NO K
	NAME OF DECEASED (Type or print)		oland	Middle Oscar	· Sa	lost <b>ylor</b>	4. DATE OF DEATH	Torri	nth <b>ne</b>	10, Doy	Ye	or 66
S.	male	6. COLOR OR RACE  white	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		TE OF BIRTH /4/1884	1	9. AGE (In years last pirthday) yrs.	Month:	ER 1 YEAR S Days	Hours	R 24 HRS. Min.
dur	ing most of working I	(Give kind of work done ife, even if retired)		IND OF BUSINESS OR DUSTRY Sho	op	Mary  Mother's Maiden	land	areign country)	12.	COUNTRY?	S.	
		Tohn Sayl		PORTOT FERENCIA S			ah Di	T 101 101 101 101 101 101 101 101 101 10	iress		2421	4
(Ye	no, ar unknawn)	(If yes give war ar dates o	f service) 22	0-09-727	) /	s, Hild	a S.					dge,
		DUE	(a) C	(b), (b), and (2)	It of	lume	lesi	ñ			ERVAL BET	
	nise to immediate stating the under last.			luies	fell	usia						
CERTIFICATION		GNIFICANT CONDITIONS C									WAS AUT PERFORM ES	OPSY NO (
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY O								
MEDICAL	Hour a.m p.m	ı. 19	While at work	k 🔲 at work 🔲	factory, s	INJURY (Hame, fari treet, affice bldg., etc		(City ar town)	1.	(Caunty)		(State)
	sow the de	y that (I) (this has ceased alive an_	pital) otten			ath occurred a	-7	M, fram cause	s and or		te state	
	22c. PHYSICIAN'S	wheet	1.4	ugher	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		DATE SIGN	NED .	
230	NAME (Type)  BURIAL, CREMATIO		REOF	Hughes 1 23c. NAME OF CEMI	ETERY OR CREM	ATORY	T 23d. L	OCATION (City or 1	lown)	(County	r) (S	Stote)
24	REMOVAL (Specify)	al 6/13/		Luthe:	ran (	emetery	D BY REGIST	Unionto	wn,			
1	10.7a	1. /	(exon	ion Brid	ge, Mo	0000			40. B	les &		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removolating any event, within 72 hours after deather. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1843

1.	a. COUNTY	Frederick		MAG	RYLANO	a. STATE	yland	b. COUI	YTY	erick	
	b. CITY OR TOW write RURAL Fred	N (If outside corpora and give nearest tow erick	te limits, (n)	c. LENGTH OF ST		c. CITY OR TOWN (If	outside corpo		Ite RURAL end	give neares	st town)
	d. NAME OF HOS	SPITAL OR INSTITUTIO	ON (if not in	hospital, give street	address)	d. STREET AOORESS				e. IS RES	SIOENCE
	Fred	erick Memor	rial H	ospital		242		Patrick	St.	YES 🗌	FARM?
3.	NAME OF DECEASED (Type or print)		rst nna	Middle K. S	cherm	Last erhorn	4. DATE OF DEATH	June	13-	ay Ye 19	66
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARR	IED	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YE		
	Female	White	WIDOWE	DIVORC	CED []	March 19- 18		last birthday) 82 yrs.			
10a	I. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSINESS	OR	11. BIRTHPLACE (Co	ounty & State, o	or foreign country	() 12. CITIZE	N OF WHAT	1
	Homemak			t home		Frederick	c Co. M	d.		J.S.A.	
13.	FATHER'S NAM					14. MOTHER'S MAID	EN NAME				3.11
	John	H.F. Boye	n			Bettv	Scheel				
15.		EVER IN U.S. ARMED FO		6. SOCIAL SECURITY	NO.   17.	INFORMANT		Addre	ss Frede	rick,	Md.
(Ye	No No	(If yes give war or dates of	of service)	74-03-963	4 Mr	s. Hallie M.	Brand	t-242 E	Patrio	k St.	_
	18. CAUSE OF	DEATH [Enter only on	e cause per	line for (a), (b), and	(c).]					TERVAL BE	
	PART I. DE	ATH WAS CAUSED BY	12.		11	LOMICO				3 Well	
	1-000	IMMEDIATE CAUSE				wirecu				200-00	44
	Conditions, if	any, which \	(b) Plu	ronie ou	MARIO	bluitio				lear	0
	gave rise to		(-/-		Too va				7		
	cause (a), so	tating the			1				V		
S			(c) ONS CONTRII	BUTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL D	DISEASE COND	ITION GIVEN IN	PART 1(a)   1	9. WAS A	UTOPSY
ICATI										PERFOR	NO X
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMI	TH NER) 20b.	DESCRIBE HOW IN	JURY OCCU	IRRED. (Enter nature of	f Injury In Par	t I or Part II (	of Item 18.)		
NA.	20c. TIME OF	INJURY Month, Oay,	Year   20d.	INJURY OCCURRED	200. PLA	CE OF INJURY (Home, fa		City or town)	(County)	(	(State)
MEDICAL	Hour a.r		Whil		facto	ry, street, office bldg., e	itc.)				
Σ	p.1		at wo			7/ 1	0/05 10	10/12	10/06	Abot /1) /	wal loof
		fy that (I) (this hos ceased alive on	pital) atten	13 19 66	and that	death occurred at	965, to_ 1:15pfro	m the causes	2, 19 <u>66</u> ,	late state	d ahove.
	22a. SIGNATU			7 13 40	, allu tila	death occurred at		in the eduses	22b. DATE		2 00010
	an	ress. The	Amo		M.C		MED.	STAFF PHYS.			
	PHYSICIA NAME (T	AN'S Dr. Jam	es B.	Thomas	1-34	Prof. Bld	g., Fre	derick,	Md. 21	701	
23a	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOC	CATION (City, t	own or county	) (S	State)
	REMOVAL (Spi	ecity)	The same of the sa	Mt. Oliv					k, Md. 2		
24	. FUNERAL DIRE	ECTOR 40	->-	ADORESS		more 25a. RE	C'D BY REGIS	TRAR   25b. R	EGISTRAR'S S	GNATURE	
	M.R.Etc	chison & So	n /	Frederic	k, Md	. 21701 DATE N	20 19	166 AC	harles	Judge	P

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The American transfer of the American Control of the Control of th \$ 1 . · · · THE REPORT OF THE PARTY OF THE . At with and does full to the land of the land of the land. and a second second second second .um vov nutraberi te of All mic. in James B. Thorne W. There J. M. T. Williams S. M. 20101 the state of the second second second Security of the Bash of Mills of the Controller

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the two director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND S	TATE DEP	ARTM	ENT OF	HEALTH				
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MA	RYLANI	D
007.50	CED:	TIFICATE	OF	DEATH				1184	1

OEKINIOATE	- OI DEAIII	VOLEU
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE ) b. COUNTY	Residence before admission)
Frederick MARYLAND	Maryland Frede	rick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL Brunswick	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Frederick Memoria	Y.M.C.A.	ON A FARM?
3. NAME OF DECEASED (Type or print) SHEWBRIDGE MIDDLE	Last O 4. DATE Month	Day Year
S OFW	rd / DEATH Vune	23 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH  9. AGE (In years   IF UNDER last birthday)   Months	Days Hours Min.
Male White WIDOWED DIVORCED	6/7/80 86 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)  Retired Railroad employee	m. 1. 1 8	ITIZEN OF WHAT OUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	nerican
T	14. MUTHER'S MAIDEN NAME	
Issac M. Shewbridge	Sarah House	
(Yes, no, or unknown) (If yes give war or dates of service)	/	Road
Es	arskon F. Meyers Brunswick	Md.
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
H 200 DUE TO 00		
Conditions If any which	very catalel	"
gave rise to immediate	1	
cause (a), stating the underlying cause last.	erote Heart Diseas	e «,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
5 Bloton devolver, 18th	other Colcule.	YES NO DE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF CONTRIBUTING TO COULD TO THE PROPERTY OF CONTRIBUTING TO COULD TO THE PROPERTY OF COULD THE PROPERTY OF	RRED. (Enter nature of injury in Part I or Part II of Item 18	3.)
	CE OF INJURY (Home, farm,   20f. (City or town) (Co	unty) (State)
	y, street, office bldg., etc.)	unty) (State)
p.m. 19 at work at work	1/2/2	10
21. I certify that (I) (this hospital) attended the deceased from	5/5/6/19 to 6/25/19	that (I) (wa) last
saw the deceased alive on 6/5/5/19, and that	death occurred at O. M. from the causes and on t	he date stated above.
22a. SIGNATURE	1 22h. [	ATE SIGNED
( Colle ) Course M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.	23-61
22c. PHYSICIAN'S	22d. ADDRESS	F/ /
NAME (Type) ROBERT P. CKOUCH	806 7811 House Ave;	Trederick,
23a. BURIAL, CREMATION, 23by PATE THEREOF PACK HOLENTERY	OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
Burial	1 25a. REC'D BY REGISTRAR 255. CRESIMAR	e wilmand
247 FUNERAL DIRECTOR ADDRESS Brunswick.	Md IIII a a salaa aa	
Tello Truckel Hollee	DATE JUN 28 1966 PCLICA	reas Judge

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TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL

	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
08451	CERTIFICATE OF DEATH	084
LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before

1.					2. USUAL RESI	DENCE (Where			sidence be	fore ad	mission)
	a. COUNTY	and also			a. STATE			OUNTY	10		
	b. CITY OR TOW	N (if outside corporal	te limits.	MARYLAND			corporate limits	Frederic write RURAL a		nearest	t town)
	Write RURAL	and give nearest tow	n)	Dorra	77			13	1		
	Frede		M (if not in he	Days	Freder			10	101	C DECI	DENCE
	d. NAME OF HOS	SFITAL OR INSTITUTIO	M (It not in ne	Spital, give street addres	SS) U. SIREET ADDR	(23)			0. (	ON A F	ARM?
		Memorial H			221 N. N						411
3.	NAME DF DECEASED		rst	Middle	Last	4. DA		onth	Day	Yea	
	(Type or print)	ADELBE		PRYCE	SIMMONS		ATH JU		22	19	
5.	SEX	6. COLOR OR RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTI	Н	9. AGE (In year			UNDER Hours	24 HRS. Min.
	Malo	White	WIDOWED		October 21		64 yrs	s.   World			111111
1Da	INCOME. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLAC	E (County & S	tate, or foreign cou	ntry)   12. CIT	TIZEN OF UNTRY?	WHAT	
	Retired			Oil Co.	Provider	nce. R.	T.	U.S	S.A.		
13	. FATHER'S NAM		ICI ULLIA	OII 000	14. MOTHER'S			1 0 0 0	, , , , ,		
	Thomas	Pryce J	ones		Lao	Belle	Clark				
	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY NO.   1	7. INFORMANT		Ad	dress			
(Y	Yes	(If yes give war or dates of W.W.#2		01 0206	Mrs. Alice	Simmon	s(Same a	s item #	42)		
=				ne for (a), (b), and (c).	MID. INTIOO	/	B/Dano a	5 TOOM !	INTERV	AL BET	WEEN
		ATH WAS CAUSED BY	A .	10-0	teast -	h. 0.	0		ONSET	AND D	EATH
	1-20	IMMEDIATE CAUSE	(a) V	apositive !	0	acco	11				
	3/2	, 502	TO C	0.0	N L	t' d	Contra				
	Conditions, If		(b) G &	neralized	venson	15 4	Librica	mia			
	cause (a), si		TO ()	to it	2.00 - 0	0-00-0	ED.A	4			
2	underlying caus		(c) New	ewicultus	cou e a	vicers	& Kup	ruu	laa u	(A.D. ALL)	TODOV
TIO	PART II. OTHER S	GIGNIFICANT CONDITION	ONS CONTRIBU	TING TO DEATH BUT NOT R	ELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1(a)	PI	ERFORI	MED?
-ICA									YES	X	NO 🗌
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA FIFY MEDICAL EXAMI	TH	DESCRIBE HOW INJURY O	CCURRED. (Enter natu	ire of Injury I	n Part I or Part	II of item 18.)			
AF	2Dc. TIME OF	INJURY Month, Day,	Year   20d. II	NJURY OCCURRED   2De.	PLACE OF INJURY (Hor	me, farm,   2D	f. (City or town	i) (Cour	ity)	(S	tate)
MEDICAL	Hour a.r		While	mot while my	actory, street, office ble	dg., etc.)					
Σ	p,r		at work		M = 21	20/1/	1. 0	22 10/1	Abak	(1) (	dool (a
				ed the deceased from:	that death occurred		to June				
	saw the dec		June 2	19100, and 1			Tront the caus	22b. DA			anove.
	ZZa. SIGNATO	1 /14		0	M.D. PHYS.	MED.	STAFF				11
	22c. PHYSICIA	Nic Vinoli	n V	earre	M.D. PHYS. L	DIRECTO	R PHYS.	June	e 22,	رـــــ	00
	NAME (T)	mal land	tin Pea	rre, M.D.		_	St.Fred	erick.	Marv	Land	
-	DUDIAL ODES		THEREOF	1 23c. NAME OF CEMET			LOCATION (Cit				ate)
23	a. BURIAL, CREW REMOVAL (Spo	eclfy)								(30)	,
2/	Burial L. FUNERAL DIRE	June 2	4, 1966	Mount Olive	t Cemetery	REC'D BY P	Frederic EGISTRAR   25b.	REGISTRARIO	Land	URE	
1 24				M ADDRESS Fad	cuy:	IIIN O		Ochan			ee
1	M-	H Htohico	n & Can	al a recohere	Element Origina	C	T 1000	11-			_

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OPASS
CERTIFICATE OF DEATH

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,	E	RT	IF	CA	TE	0	F	D	E/	T	H	

	0026	7.9		OLKIIIIO	WI P	OI DEATH					00	XX		
1.	PLACE OF DEATS a. CDUNTY Fr	ederick		MARYLA	ND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission e. STATE Maryland b. COUNTY								
	b. CITY OR TOW	N (if outside corpora	te limits,	c. LENGTH DF STAY IN		c. CITY OR TOWN (If	outside	corpora	te limits, wri	te RURAI	and gh	e neares	t town)	
	Frederic	k 21701		Since 5/11/		Baltime	ore	(14)			0	2 - 2		
				in hospital, give street addi	ress)							ON A F	DENCE ARM?	
		Odd Fello	VS HOI	me		Old Harfor	rd R	oad l	% Mille	r Av	e.	res 🗌	ND X	
3.	NAME DF DECEASED		irst	Middle		Last	D		Month		Day	Yea		
5	(Type or print)	6. COLDR DR RACE	NRY		- 1 e	SONN DATE OF BIRTH	D	EATH 19. AG	Ju E (In years)	ine	24,	195		
	fale	White	7. MARRI	_		9 Aug 1881		9. Ad la:		Months	Days	Hours	Min.	
dur	. USUAL DCCUPATING most of work	Ing life, even If retire	d)	b. KIND OF BUSINESS OR INOUSTRY and yman		11. BIRTHPLACE (County & State, or foreign country)   12. CI							1	
	FATHER'S NAM		1 224	und y man	1	14. MDTHER'S MAIO					. S.			
F	rederick	Sonn				Maria Rile	ev							
15 (Ye	. WAS OECEASEO	EVER IN U.S. ARMED F (If yes give war or dates	of service)	16. SOCIAL SECURITY ND. 218-05-9732A		yland Odd I	•	ows 1	Addres Home (S		as i	tem	#1)	
		DEATH [Enter only or	e cause p	er line for (a), (b), and (c).]							INTE	RVAL BET	WEEN	
8	PART I. DE	ATH WAS CAUSED BY	(: (a)	Uremia	_						ONS	ET AND D	EATH	
	420			- 52	1	2 11 4	9+							
	Conditions, If		(b) C	Erteroseler	ole	c Hearl	132	SRA	rest.					
	gave rise to cause (a), s	tating the DUE	TO	Wilceraid.	20	varlabele	is							
Z	underlying caus		(c)					CONDITI	DAL OLIVER INT	ADT 1(a)	119.	WAS AU	TOPEV	
CERTIFICATION	PARTII. DINERS	SIGNIFICANT CONOLLI	DN2 CDNIN	RIBUTING TO OEATH BUTNOT	KELAI	EO TO THE TERMINAL D	JISEASE	CONDITI	DÚ GIAFU IM I	AKI I(a)		PERFDRI	MEO?	
IFIC	20a. ACCIOENT	WAS UNDERLYING	2Db	. OESCRIBE HOW INJURY	OCCUR	RFD (Enter nature of	f Inlury	In Part I	or Part II of	Item 18	YE	s	NO 🔼	
CERT	OR CONTRIBUTI	WAS UNDERLYING CAUSE OF DEATIFY MEDICAL EXAMI	TH NER)			The state of			0	110	"			
MEDICAL		INJURY Month, Oay, n.	Year   20	d. INJURY OCCURRED 20e	PLAC factor	E DF INJURY (Home, fa v, street, office bldg., e	tc.) 2i	Df. (Clt)	or town)	(Co	unty)	(S	tate)	
-				ended the deceased from	n	2000 10	963	to 2	uni, 2	×196	, 5 . th	at (I) (w	e) last	
		ceased alive on	tune	1 -		death occurred at			the causes a					
	22a. SIGNATUI	RE		FE THE STATE OF TH		ATTENDING A				22b. I	DATE SIG	ENED		
		13011	in	ras/	M.D.	PHYS.	MED. DIRECTE	OR 🗌	STAFF PHYS.	25	June	196	6	
	22c. PHYSICIA NAME (T)		homas	, M. D.		6-A Watkins	s Ac	res,	Freder	rick,	Md,	. 217	01	
23a	BURIAL, CREM REMOVAL (Spo Burial	ATION, 23b. DATE		23c. NAME OF CEMI	ETERY	OR CREMATORY	1		ION (City, to		unty)	(St	ate)	
			/66	Parkwood	Ceme				ere, Mo					
24	M. R. Et		on, F	rederick, Md.	217	701   25a. REC	UN 2	REGISTRA	966 R	CUA	SIGN	ATTURE	R	
	M. R. Et	chison & S	on, F	rederick, Md.	217	O1 DATE J	UNZ	261	300			0		

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TO FUNERAL CHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

100	-								0.05	711
463	1.	PLACE OF OEAT	H		75-5-99		ICE (Where dece			e before admission)
-	distant.	a. CDUNIT	Frederick		L. Manyi sain	a. STATE	ryland	b. COUNT	Frede	niok
		b. CITY OR TOW	N (if outside corporat and give nearest tow	e limits.	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (I		orate limits, writ		
				n)					tourie die g	,
4	_		ederick	N ('5 1 1 - 1	years **		ederick		10-	/
-					ospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
T	7		derick Memo			11		Patrick		YES NO X
-	7	NAME DF DECEASED	Fir		Middle	Last	4. DATE	Month	Day	y Year
_		(Type or print)	Aust	in	George	Staley	DEATH	Jun	e 10-	19 66
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9.			IF UNDER 24 HRS.
		Male	White	WIDOWED		Oct. 21-190	14	61 yrs.	Months   Days	Hours Min.
	10a	USUAL DCCUPAT	IDN (Give kind of work o	lone 10b. K	(IND DF BUSINESS DR NDUSTRY	11. BIRTHPLACE (C	County & State,	or foreign country)	12. CITIZEN CDUNTR	OF WHAT
			ine Dept.		ver Company	Frederick	Co. Md			U.S.A.
		FATHER'S NAM			o composity	1 14. MDTHER'S MAI			1	0000111
П		John	W. Staley			Marga	ret K.	App		
	15	. WAS DECEASED	EVER IN U.S. ARMED FDI	RCES?   16.	SOCIAL SECURITYND.   17.	INFORMANT		Address		202
	(Ye	es, no, or unkown) No	(If yes give war or dates of	service)	4- 10- 4104 На	rmon L. Sta	1ev-501	Fairvie	w Ave T	Md.
			DEATH [Enter only one		line for (a), (b), and (c).]	2 mon 19 0 00	203-204	, I CLI VIC		ERVAL BETWEEN
			ATH WAS CAUSED BY:		into for (a), (b), and (c).1	1	1.	10 .		SET AND DEATH
		11	IMMEDIATE CAUSE		suchogenic	Carcinon	a, cp	idermon	2 0	ne year -
		1621	DUE :	10	0		/ /			
		Cenditions, If		(b)						
		gave rise to cause (a), st		10					100	
		underlying caus	o loot	(c)						
	NO	PART II. OTHER S			UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN PA	ART 1(a)   19.	
-	CERTIFICATION			SACE DO						PERFORMED?
0	F	20a. ACCIDENT	WAS UNDERLYING	1 20h	DESCRIBE HOW INJURY OCCI	IDDED /Enter nature o	f Injury In Par	t Lor Part II of		12 NO Y
	ERT	DR CONTRIBUTI	NG CAUSE OF DEAT	H	DESCRIBE NOW INJUNI OCC	JAKED. (Elite) Hature o	n mjury m rat	CTOFFAICTIO	item 10.)	
			TIFY MEDICAL EXAMIN							
	ICA	20c. TIME DF	INJURY Month, Day, Y		facto	CE OF INJURY (Home, f ory, street, office bldg., c		ity or town)	(County)	(State)
	MEDICAL	p.r		While at worl	- Not while -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
		21. I certif	v that (I) (this hosp	ital) attend	ed the deceased from_/	4sul 18.1	966, to	June 10	. 1966. tl	hat (I) (we) last
			ceased alive on			death occurred at				
		22a. SIGNATUI		1111	and the	c douth occorrod acc	,		22b. DATE SI	
		11	1 W/4 d	Kill	M.1	ATTENDING PHYS.	MED.	STAFF PHYS.	June 1	10 1916
		22c. PHYSICIA	N'S	100 10	191.1	22d. ADDRESS	DIRECTOR L	rnis.	Juna .	1000
1		NAME (T)	Dr. W.	J.Ridd	lick	Frederic	k Medic	al Cente	r-Frede	rick-Md.
	23a	. BURIAL, CREM	ATION, 23b. DATE T	HEREOF	23c. NAME DE CEMETER			ATION (City, tow		(State)
	200	REMOVAL (Spe	ecify)		Rocky Sprin	gs Cemetery				(State)
	24.	Burial	June 14	-1966	ADDRESS OF THE PROPERTY OF THE	MODELEW V	Frede	rick, Md	• 21701	MATHDE
2	24.		chison & So	A T	Enodori The	more		RAR 25b. REG		
10	1	TAT O I COTTO	CITTOOIT OF DO	11	Frederick, Mo	ATHERO .	1 4 / 10	or are	carelas V	user

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THE RELEASE OF THE PERSON OF T

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08454 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY PM3. Page delay is and 3 ta Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural-Frederick Co. Mt. Airv Hours e. IS RESIDENCE ON A FARM? YES X NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS haurs with farm 8. Give Pages 1, Plane 4 State Route 2 24 haurs after death. 3. NAME OF First Middle Lost 4. DATE Month Year Doy DECEASED Margaret M. Stansbury June 1966 DEATH (Type or print) Within along IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months June 21, 1909 Female White WIDOWED DIVORCED event Office pencil in Item 1 and 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIIE 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY? lease execute the certificate, writing the ward "pending" in pencil in directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Frederick Co.,
14. MOTHER'S MAIDEN NAME II.S 13. FATHER'S NAME This certificate shauld be executed within \_\_ George Johnson Cora L. Hood and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Airy, Md. (Yes, no, or unknown) (If yes give wor or dotes of service) remayal, No Mr. Charles R. Stansbury INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Coronary Thrombosis mins IMMEDIATE CAUSE (o). burial, cremation, DUE TO Conditions, if ony, which gove Arteriosclerotic heart disease (b) rise to immediate couse (a), DUF TO 0 stoting the underlying couse Obese 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES 🔽 NO its designated agent, prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Not While of work ot work Inspection , Inquiry \, 21. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion the funeral directar. Natural couses X, Accident , Suicide , Hamicide Undetermined monner death resulted from: CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREM 23o. BURIAL, CREMATION, DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify) Marvin Chapel Frederick Co., 1966 Md. ADDRESS REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

VR A15ME (5) 6M 1/66

Waltz Box 241 Sykesville,

1966

2Sb. REGISTRAR'S SIGNATURE Melanles

11.00  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR STATE	08455 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 08445
. Page Page death.	I. PLACE OF DEATH  G. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
PM3. Pagartment	b. CITY OR TOWN (If autside corporate limits,  The FIRST and give nearest town)  C. LENGTH OF STAY IN 1b  38 yrs.	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  Thur mont
alang with farm PM3. Pa with the State Department within 72 haurs after dea	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  Own Home	d. STREET ADDRESS  130 Frederick Rd.  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
the Sta in 72 h	3. NAME OF DECEASED (Type or print)	Lost 4. DATE Manth Day Year 66
and 2 with the event within 7	male white WIDOWED DIVORCED 3	June 23, 1927  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR.    June 23, 1927  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR.    Manths   Days   Haurs   Min.
	10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) to machine Operator Shoe Factory	11. BIRTHPLACE (State ar fareign country)  Maryland  12. CITIZEN OF WHAT COUNTY
9 0	13. FATHER'S NAME  Charles H. Stitely	14. MOTHER'S MAIDEN NAME Esther F. Carty
	(Ver no extrakación) I/II est cius con detector el conice D.3.5.	rs. Nathan Lewis Thurmont, Md.
used as a burial-transit permit. burial, crematian, ar remaval,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Shot can wound	in chest Interval Between ONSET AND DEATH
farwarded ta the Chief I used as a burial-transit s burial, crematian, ar re	Ganditions, if any, which gave rise to immediate cause (a).  DUE TO  Self Inilia	icted
as a b	stating the underlying cause last.  DUE TO  (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED? YES NO
	PRIMARY SHOT CONTRIBUTING	Enter nature of injury in Part I ar Part II of item 18.)
	Hour a.m. Y San While Not While Salta	E OF INJURY (Home, form, 1975).  Street, affice bigg., etc.)  Shurmon That red M
ained far y IRECTOR: Pa	21. I certify that I took charge of the remains described above, held	d on Autopsy 🔲 , Inspection 💟 , Inquiry 🔲 , ond in my opinic
±0	ACTUAL BASS	de , Homicide , Undetermined manner  CHIEF MEDICAL EXAMINER
RAI or it	EXAMINER'S NAME (Type) B.O. J. J. J. J. D. M. S. M. Z.	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
5 may TO FUNE	23g. BURIAL, CREMATION, BURIAL, CREMATION, COLOR DATE THEREOF COLOR United Bret!	REMATORY 23d, LOCATION (City or Town) (County) (State) _
A15MP (5)	Jaymond & Eleagn Thurmont	Md 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE UN 2 2 1966

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MARYLAND STATE DEPARTMENT OF HEALTH

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2			A8457			CERTII	FICATE	OF DEATH				18447	7
thin 24 hours arter death.  y filled in by the funeral on papers. Pages 1 and 2 vithin 72 hours after death.			LACE OF DEATH COUNTY Freder:	ick		MAR	YLAND	2. USUAL RESIDENCE ( q. STATE Maryland		b. COU			)
n by the furs. Poges I hours after		E	. CITY OR TOWN (	f outside corporate limit	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If at					
by the Popurs			Freder	give nearest tawn)		Days		Rural			10	11	
in ers.		C	. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital,	give street oddress)		d. STREET ADDRESS				e. IS RESIDE	NCE RM?
e executed within 24 and completely filled in remove corbon poper. It any event, within 72	4	F	rederick	Memorial H	Hospita	1		Route #2	,			-	10.
that the death certificate be executed within 24 an.  by the ottending physician and completely filled is roasit permit. Then please remove corbon paper cremation, or remavall, and in any event, within 72 cremation, or remavall, and in any event, within 72			IAME OF DECEASED		irst	Middle		Lost	4. DATE OF	Mor		Day Year	
d w		(	Type or print)	ROY		LINWOOD		TALBOTT	DEATH	June		6 19 6	
e executed with and completely f remove corbon pany event, with		S. S	1 72.4	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		. DATE OF BIRTH	1	GE (In years gst birthday)	Months Day		Min.
and corrections of any			Male	White	WIDOWED	DIVORCE	D	une 10, 18	92 7.	yrs.	10 (17175)	OF MULAT	
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ician reas				ed	Civ	il Service	2	Frederic		, Mary	riand	U.S.A.	
te death certificate to offending physician permit. Then please ion, or remaval, and		13.	FATHER'S NAME		. 4. 4.								
ng F The		15		rnest Talbo		SOCIAL SECURITY NO.	17 1	Rose Ste	epnens	Addi	ress		
eaff endi nit.	87	(Ye	na, ar unknawn)	(If yes give war or dates	of service)	3 48 5431		. Mary Tall	hatt (S			1	
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that the death certion.  an.  by the ottending pheronsit permit. Then cremation, or reman.				TH WAS CAUSED BY:  IMMEDIATE CAUSE	1/0	W Tract	war	Libert	Vallo	Y		ONSET MED DE	
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he latter nos l e os		NO	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TEXMINAL DISEASE CO	NDITION GIVEN I	N PART 1(o)		19. WAS AUTOR PERFORME	D?
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cerriched				MEDICAL EXAMINER)	1 204 1	NJURY OCCURRED	20a DI M	E OF INJURY (Home, forn	m. 20f. (	ity or tawn)	(County)	(5)	tate)
the hospi tr this certi detached te Dept. o		MEDICAL	Hour a.i	10	While	Nat While		ory, street, affice bldg., etc.		City of lawing	(coom)	(3)	idioj
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e d. g				eceased alive an		A D A9600.	and that	death accurred at			and an the		
retoined retoined ECTOR: / 3 should with the			226. SIGNATURE	A dil	(0)				1	-	22b. DATE S		
			Cha	les X	ens	len to	7. M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF [	June	6, 196	66
RAL DII	1		22c. PHYSICIAN'S NAME (Type	1		1//		22d. ADDRESS					
FINAL FRAL or, poor				onar tes		nley Jr.	M. D.	228 N. M.				k,Md.	
O HOSPITAL Poge 4 moy O FUNERAL director, pog should be fil		23a	BURIAL, CREMATION	.)		23c. NAME OF CEA				TION (City or T		"	ote)
5 5 5 P P P		0.0	REMOVAL (Specify	1/1	1966	Monocacy	Cemet	ery	Beal by REGISTRAR	Lsville	REGISTRAR'S SIGNA	and	
VR A15 (4) 20 M 1/66	0	24	FUNERAL DIRECTO	1000000	on & So	ADDRESS T	rede	laryland N		2.4	layla	-	
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# FOR STATE HEALTH DEPT.

O DEPUTY MEDIA. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO DEPUTY MEDI

VR AISME (5) 5M 1/65 1/65

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINEDIS CEDITIONES. HOAAO

00200	MEDI	ONL EVAIMINGER 2	CENTITIOAT	L OF DEAL		1104	10
1. PLACE OF DEAT a. COUNTY Freder		MARYLAND	2. USUAL RESIDEN a. STATE Pa.	CE (Where deceased live	d, If institution: Re b. COUNTY	sidence before ac	imission)
write RURAI	VN (If outsida corporate limi _ end giva naarest town)	ts,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporete li	nits, write RURAL	and give neares	st town)
Rural	OCPITAL OD INSTITUTION (if a	Minutes ot in hospital, give street address	d. STREET ADDRESS		/	5 - 3	IDENCE
Route # 34		of III nospital, Rive street address	R.D. #4, Bo			a. IS RES	FARM?
3. NAME OF	First	Middla	Last	4. DATE	Month	Day Yes	NO X
DECEASED (Typa or print)	RUTH	MARJORIE	WICKER	OF	NE	19 19	
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (Ir	years IFUNDER		
Female		DOWED DIVORCED	March 28, 19	924 42	yrs. Months	Days Hours	Min.
1Da. USUAL OCCUPA during most of worl	TION (Giva kind of work dona king lifa, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	Stata or foreign count	ry) 12. CI	TIZEN OF WHAT	
House	Wile	At Home	Brookes Mi.	lls,Blair C	o, Pa. U	J. S. A.	
13. FATHER'S NAM	A E		14. MOTHER'S MAI	DEN NAME			
W.	Sheldon Claar		Allen	ane Martin			
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Addrass		
No	(Trycogram of batter broggram		rman L. Wich	ker(Same as	item # 2	()	
18. CAUSE OF	DEATH [Enter only one caus	a par line for (2), (b), and (c).]	0'0	7 1	.00	INTERVAL BE	TWEEN
PART I. D	EATH WAS CAUSED BY:	mashive bear	tardene &	r Naumat	restrock	ONSET AND I	JEATH
12	DUE TO	000	9.	. 0.	0		
Conditions, If		Jacerated &	ung, der	er of si	lein		
gave risa to causa (a), s underlying cau	stating the DUE TO	Fractured Ja	Lib, am	n, & fo	9		
PART II. OTHER		NTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION G	IVER IN PART 1(a)	19. WAS AU PERFOR	MED?
20a. EXTERNA	N CALLOS WAS	OOL DESCRIPT HOW IN HIDY COO	UDDED (E-t t	f latery la Bort I on B	and 11 of Idam 10 1		NO [
PRIMARY DOT CAUSE OF DEA	CONTRIBUTING [	Pedestrian	or long me	torcycl	ert ii or item 18.)		
20c. TIME OF Hour	m- 1 .C .(	20d. INJURY OCCURRED 20e. PL While Not While	ACE OF INJURY (Homa, fory, street, office bldg.,	arm, 2Df (City or tetc.)		- 0 0.	State)
	m. 6-17 1966	at work at work		popular	n-Trede	wek-n	74.
21. I certif	y that I took charge of th	ne remains described above, he	eld an Autopsy 📉	Inspection,	Inquiry,	and in my	opinion
death resul	ted from: Natural cause	es 🔲, Accident 🔀, St	uicide 🔲, Homici	ide 🔲, Undeter	rmined manner		
ACTUAL	83 1 1 1		CHIEF MEDICA				
SIGNATURE	Mothe	mas	IVI. D ,	DICAL EXAMINER	~	22. DATE S	SIGNED
EXAMINER'S NAME (Type)	B.O.Thomas	, M.D.		et, city, town, or coun	ty)	me 20,	1966
23a. BURIAL, CREI REMOVAL (Sp					(City, town or cou	nty) (St	tata)
Burial	June 23.	1966 Carson Valle	v Cemeter	Carson Va	lley. Pa.		
24. FUNERAL DIR	ECTOR ploughs	2 M. ADDRESS Fall	ley. 25a		25by REGISTRAR'S		-
М.	R. Etchison &	Son, Frederick, M	arylandDATE	ש מים מים		0 0	

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BBB T. S. MUL

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0845			CERTI	FICATE	OF DEATH			(	1844	19
	ACE OF DEATH					2. USUAL RESIDENCE	(Where decease	sed lived, if institu	tian: Residence bel	fare admissi	ian)
a.	COUNTY FY	ederick		MAD	YLAND	a STATE	yland	b. COU	NTY Frede		
b.		f autside carparate limi	ls	c. LENGTH OF STAY		c. CITY OR TOWN (If		ato limits write PII			
	write RURAL and	give_nearest town) ral Freder	iole		15				IKAL UNU GIVE HEU	icsi idwii)	
				years			al Fre	derick		0 - /	IDENICE
Q.		AL OR INSTITUTION (If n	at in naspital, g	give street address)		d. STREET ADDRESS				e. IS RESI ON A F	FARM?
		ute 4				Rou	te 4			YES	NO 🔀
	AME OF CEASED	F	irst	Middle	7	Last	4. DATE OF	Man	th D	ay Ye	ear
	pe ar print)	H	oward	David	Zi	mmerman	DEATH	Ju	ne 16	19	66
S. SE	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 3	DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YEAR		R 24 HRS.
1	Male	White	WIDOWED	DIVORCE	D D	Aug. 6-18	98	last hirthday)	Manths Days	Haurs	Min.
10a. L	SUAL OCCUPATION	(Give kind of work dane		ND OF BUSINESS OR		11. BIRTHPLACE (Count	v & State, ar fa	reign cauntry)	12. CITIZEN		
during	mast at warking	ite, even if retired). Lectrician	& Refr	DUSTRY	Serv	ce- Frede:	rick Co	o. Md.	COUNTRY	U.S	Α.
	ATHER'S NAME			-6		14. MOTHER'S MAIDEN				0.0	****
	Joshu	a Zimmerma	n			Marga	ret Rei	becca Sh	nff		
15. V		R IN U.S. ARMED FORCES? (If yes give war ar dates		SOCIAL SECURITY NO.	17. IN	FORMANT	. 00 100	Addr		Md	
(Yes,	na, ar unknawn) No	(If yes give war ar dates	af service)	0-30-9636	Mana	. Marcella	T 75.	WWW C 24000 C 10	Danta L		
1		ATH /C-A			MT.2	• Marcerra	D. CI	merman-		MTERVAL BE	
	PART I. DEAT	ATH (Enter anly one co H WAS CAUSED BY:				11. A >	-11			ONSET AND I	
	1120	IMMEDIATE CAUSE	(0)	ngeste	ne !	Jean T	allu	re	6	· me	was
	anditions if any		10 1.	0 11	7				10		-
	anditians, if any, ise ta immediate	couse (a)	(b) / 1	2141	1		-		10	year.	2 7
S	tating the under		TO								
	ost.	)	(c)								
Z F	PART II. OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO TH	HE TERMINAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	1	<ol> <li>WAS AUT PERFORM</li> </ol>	OPSY AED 2
CERTIFICATION										YES 🗍	NO S
IE 2	Oo. ACCIDENT WAS		20b. DES	SCRIBE HOW INJURY O	CCURRED. (I	inter nature of injury in	Part I ar Par	t II af item 1B.)			
		CAUSE OF DEATH MEDICAL EXAMINER)									
131		RY Manth, Day, Year	20d. IN	JURY OCCURRED	20e. PLACI	OF INJURY (Hame, far	m. 20f.	(City ar tawn)	(Caunty)		(State)
AE I	Haur a.m	1.	While	Nat While		ry, street, affice bldg., etc			(2000)		()
1 +	p.m		at wark		1.		10 6 11 1	- 7	. 1/ 10 //	.1 . (1) (	/ - \ 1
		y that (I) (this ho		ged the deceased	and that	death accurred a	5-15	a jun	e 16 1966,	that (I) (	(We) las
-	22a. SIGNATURE	ceasea alive an_	June	1996,	una mai	death accorred a	12-12-17	i, iram causes			a abave
	ZZG. SIGNATURE	10M1	1.11	2	- 15	ATTENDING FEE	MED.	STAFF -	June :		66
-	22c. PHYSICIAN'S	1 / Car	ace,		M.D.	PHYS. 22d. ADDRESS	DIRECTOR	L PHYS. L	The remover	10-19	00
	NAME (Type)	Dr. Willi	e Riddi	ck		Frederic	r Madi	el Centa	n-Frede	niok l	MA
1		77 6 11 Training									MG.
230.	BURIAL, CREMATIO	N, 23b. DATE TH	EREOF	23c. NAME OF CEM				CATION (City or To	,	ity) (S	State)
	REMOVAL (Specify)	June 2	0-1966		Pa	Gardens	Ha	ansonvil			
24.	FUNERAL DIRECTOR	Elwood	7.	ADDRESS 74	ketn	roce 250 REC	D BY REGISTR	1966 25b	GISTRAR'S SIGNAT	URE	
1	M.R.Et	chison & S	on	Frederic	ck. Mo	DANU	40	1300	- Tool		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remove, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	03480			CERTI	FICATE	OF DEATH			- 0	8450
1.	PLACE OF DEATH	State of the	MALL	State of the same		2. USUAL RESIDENCE (V	Where deceose			re odmission)
	o. COUNTY	Frederick		MA	RYLAND	o. STATE Mary.	land	b. COUN	Freder	ick
	b. CITY OR TOWN (	If outside corporate limits	5,	c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If ou		e limits, write RUR		
	Write RURAL and	d give negrest town) rederick		several	days	Rura	L- Fre	derick	10	- 1
1		AL OR INSTITUTION (If no	ot in hospitol, o			d. STREET ADDRESS				e. IS RESIDENCE
L	Monoc	acy Hall Nu	rsing	Home		Route	e 4			ON A FARM? YES X NO
3.	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF	Mont	h Do	Year
	(Type or print)	L€	ester	Clinto	n Z	immerman	DEATH	J	une 26	- 19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		B. DATE OF BIRTH		AGE (In years	Months Doys	IF UNDER 24 HRS. Hours Min.
	Male	White	WIDOWED	DIVORC	ED 🔲	Sept. 11- 18	889	lost birthdoy) 76 yrs.	months Doys	Hours Min.
10 du	o. USUAL OCCUPATION oring most of working Farmer	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County			12. CITIZEN O COUNTRY	)
						Frederic  14. MOTHER'S MAIDEN N		Md.		U.S.A.
18	3. FATHER'S NAME									
	Wil	liam N. Zim	merman				E. Will			
19	S. WAS DECEASED EVE (es. no_or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f convice)	SOCIAL SECURITY NO.		NFORMANT		Addre		
L	No		21	7-10-0999	Mr	s. Hazel Sha	afer-Re	oute 4-F	rederick	-Md.
	Conditions, if ony rise to immediat stoting the unde last.	e couse (o),	TO (b)		wi	the terms	velp	meur	ma 5	days
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT R	ELATED TO	HE TERMINAL DISEASE CON	NDITION GIVEN	N IN PART 1(o)		WAS AUTOPSY PERFORMED?
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	OCCURRED.	Enter noture of injury in	Port I or Port	II of item 18.)		
MEDICAL	20c. TIME OF INJI Hour o.r p.r	10	20d. II While at worl			CE OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(County)	(Stote)
		fy that (I) (this has eceased alive an_	pital) atten	ded the deceased	d fram_ , and tha	6-19-,1 death accurred at	4:55 M	, fram causes	, 19 <u>66,</u> t and an the da	hat (I) (we) la: te stated abav
	22o. SIGNATURE	Bynn	nest	<u></u>	M.I		MED. DIRECTOR	STAFF PHYS.	June 2	
	22c. PHYSICIAN'S NAME (Type		. Mart:	in	1174	22d. ADDRESS 220 N • Ma	erket S	St Free	derick, l	ld.
23	lo. BURIAL, CREMATIC REMOVAL (Specify Burial	June 2	9-1966	Mt. Oliv				ATION (City or Too	wn) (County Md. 2170)	,
1	4. FUNERAL DIRECTO			ADDRESS rederick,	Huz	2So. REC'E	BY REGISTRA	AR 2Sb. RE	GISTRAR'S SIGNATU	RE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 moy be retained by the hospitol or attending physicion.

VR A15 (4) 20 M 1/66

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours ofter death.

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